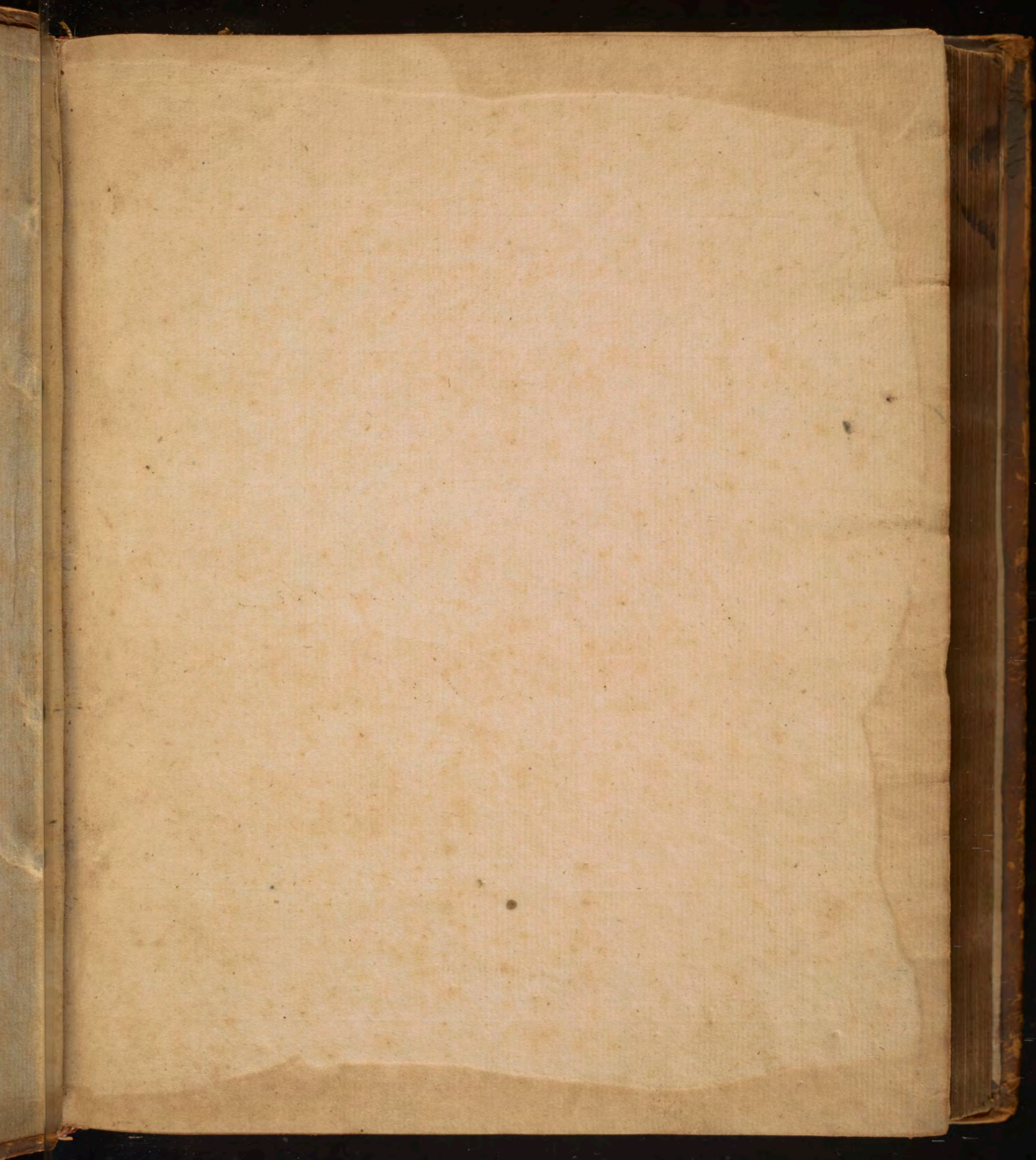


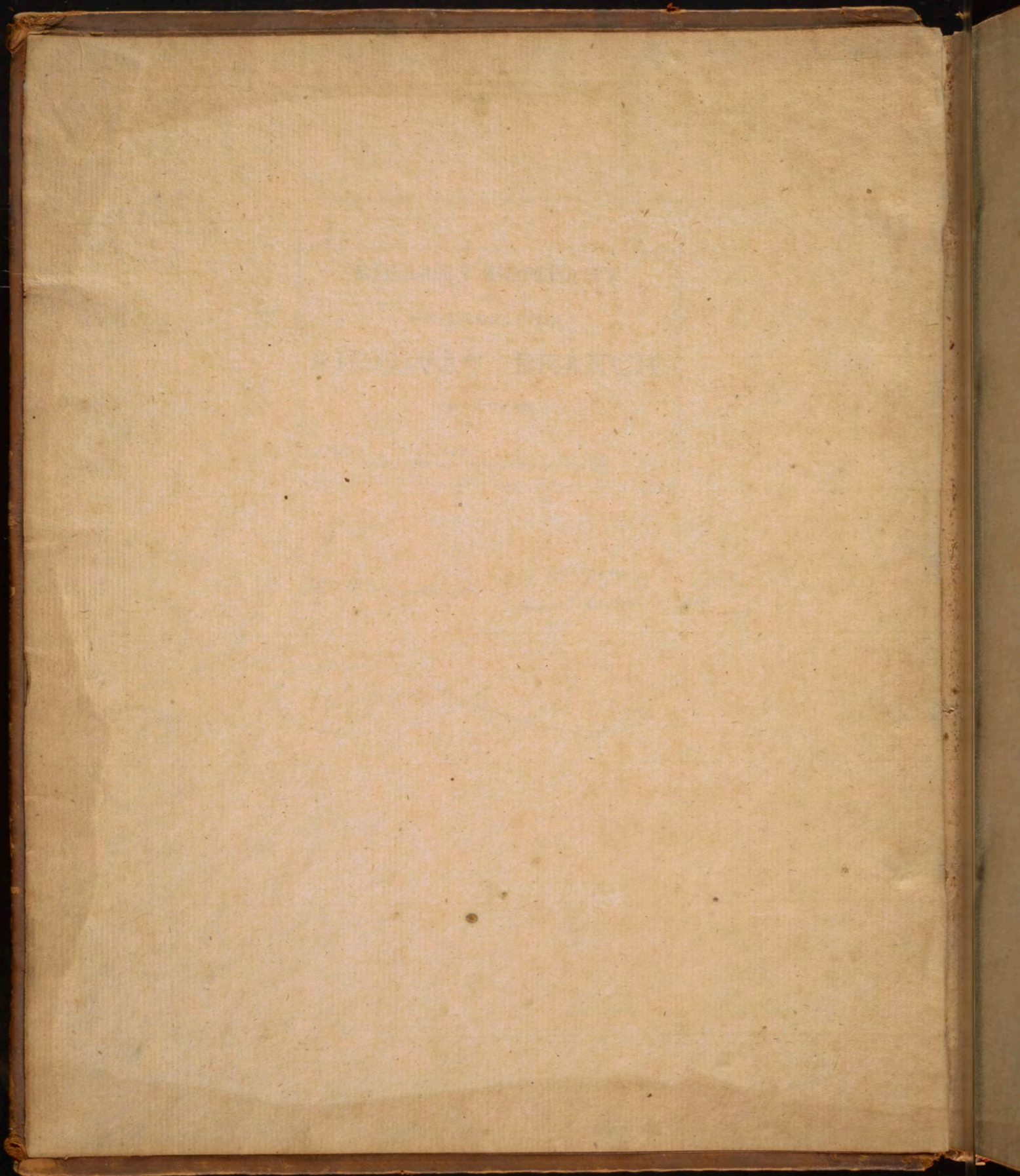
LIBRARY COMPANY
OF
PHILADELPHIA.
RIDGWAY BRANCH.

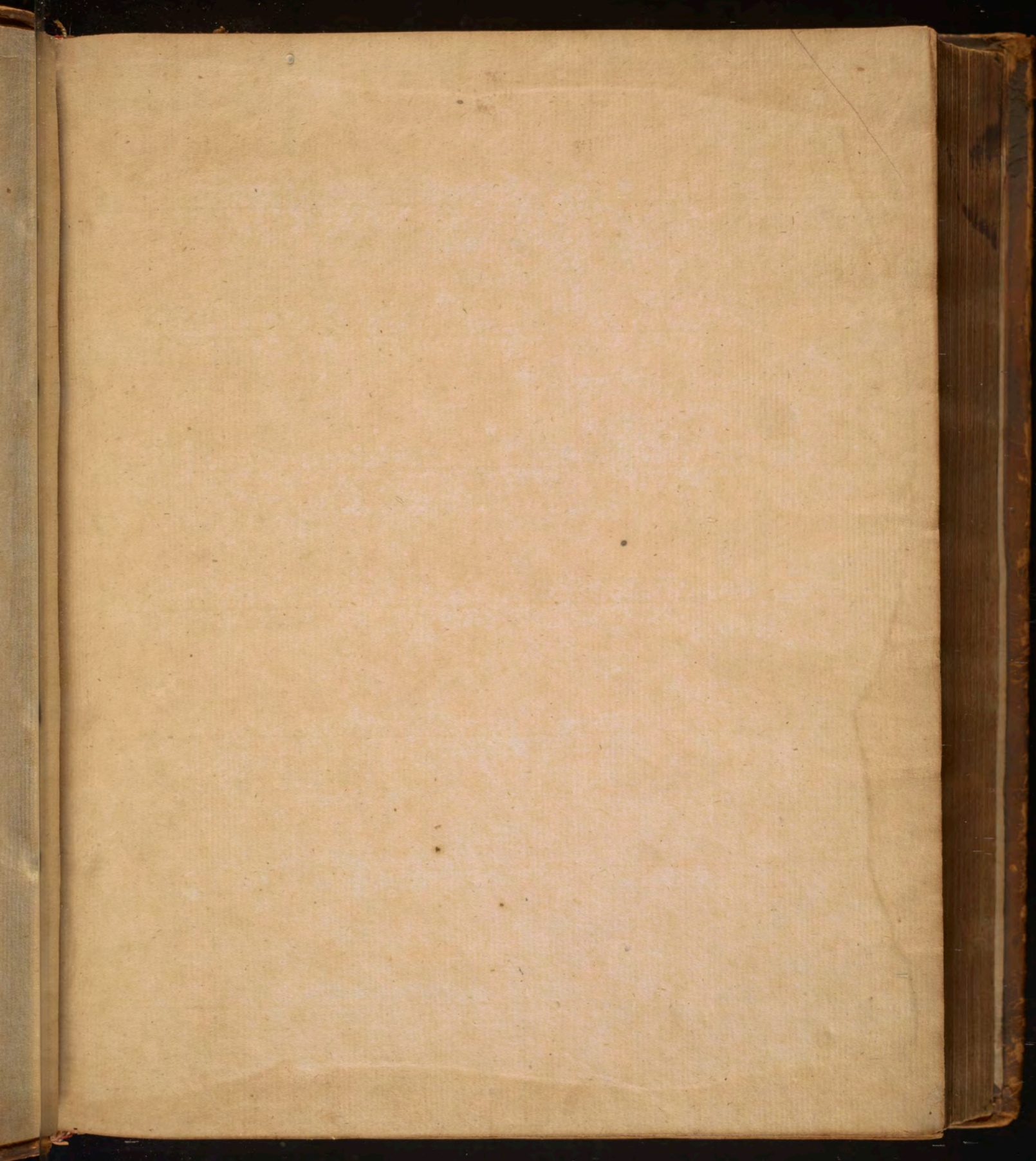
PRESENTED BY

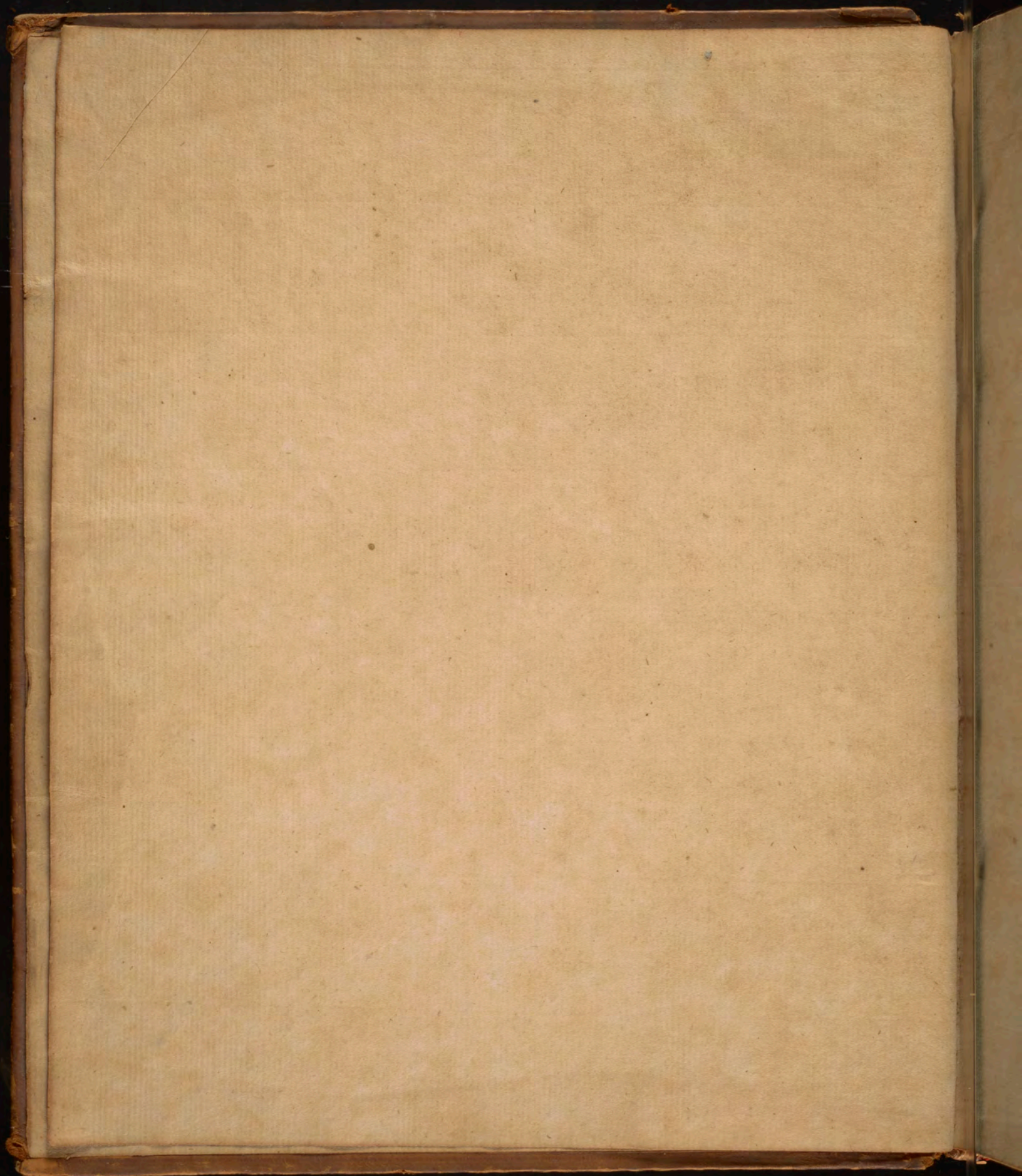
COMMUNITER BONA PROFUNDERE DEORUM EST.

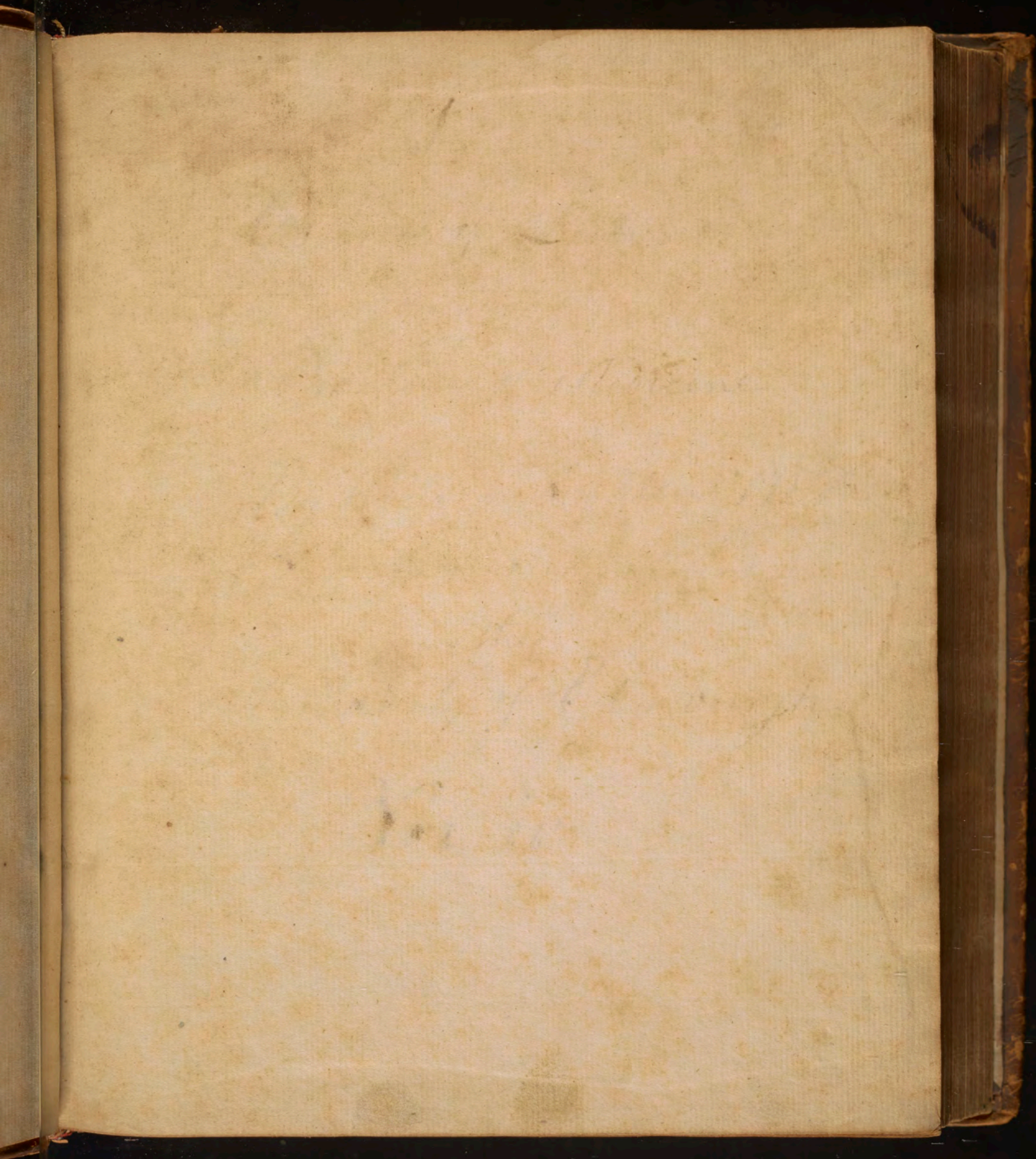
James Turk
1813











21

Journal of Lectures

in

Practice of Medicine

in the University of Edinburgh M.D.

1801

by

James Keir Esq.

Vol. II.

24

Course of Lectures
on the
Practice of Medicine

By William Cullen M.D.
Professor of Medicine
in the
University of Edinburgh

Vol. iv

13

James A. of London

James A. of London

James A. of London

James A. of London

James A. of London

James A. of London

James A. of London

1
Its relaxing power might seem to act contrary to the Intention. Warm Bathing, however, is not proper in a state of Compression, no more than all other Stimuli. Besides Warm Bathing, we know, has a particular effect in rarifying the fluids and occasioning a Turgescence of the whole system, and is therefore inadmissible in Palsies from Compression. From being most useful in one Case, it is necessarily most hurtful in the other. And I have known a Palsy, where the Symptoms of Compression were by no means violent, changed from Warm bathing to an apoplexy; and was never after so far removed as to allow of the functions of the Intellectual faculties.

Electricity is the most powerful Stimulant yet employed. We are well assured of its being a Stimulus, with regard to the parts to which it is applied, and of its pervading the whole system. When applied to the Lumbum it may go the length of producing sudden death. It is so well known that I need give no directions concerning it; but I must observe that, where there is any doubt, or where the Cause of the disease is not mere Collapse, but be-
-tween

The following paper, which was
the first of the kind, was
in a state of great
disorder when it was
first offered to the public, and
it was necessary to
re-write it, and to
correct the errors
which were in it.
The paper was
in a state of great
disorder when it was
first offered to the public, and
it was necessary to
re-write it, and to
correct the errors
which were in it.

Electricity

The following paper, which was
the first of the kind, was
in a state of great
disorder when it was
first offered to the public, and
it was necessary to
re-write it, and to
correct the errors
which were in it.
The paper was
in a state of great
disorder when it was
first offered to the public, and
it was necessary to
re-write it, and to
correct the errors
which were in it.

between it and Compression, if Electricity be employed, let it at first be in a very low degree, gradually increased - It has been employed with obvious success, sometimes useful and sometimes not. In some Cases the Collapse is, perhaps, too considerable, and in others the Electric power not employed in a sufficient degree - Certainly among the histories of its Effects, though some be doubtful, It appears that remarkable Cures have been effected by it -

There are many arguments evincing at Electricity acts directly on the Nervous System only, and sometimes immediately on the Sanguiferous System also, if it can overcome menstrual Obstructions, as has been said, and which I believe to be true. It may then quicken the Circulation in the brain, and therefore prove hurtful in Cases of Plethora and Compression - I have seen the disease aggravated, and even prove fatal in consequence of it; for though on dissection of Animals killed by it, no great disorder has been found in the Sanguiferous System - It is necessary, therefore to proceed in its use by slow degrees, and in Cases of Compression must abstain from it altogether. It should never

be

[The handwriting is extremely faint and illegible.]

[illegible]

be directed to the head, as by the strength of its stimulus it may induce a fatal Collapse - and we kill animals by it only when directed to the head - Experiments have been made in cases of deafness and Ansaurosis, to direct the Shock to the brain, and sometimes with Impunity; yet it is always dangerous - This applies to all partial Palsies.

Gen. XLII. Catalepsis.

"Cum sopore, membra vitum qui forte fuerit
"servantia, externa tamen vi quodammodo mobili-
"lia." -

I have never seen this disease, nor known any Physician that had seen it. I might take my History from Authors; but it is yet involved in many difficulties. No doubt the love of the Marvellous has induced them to give out many false symptoms, and aggravate and, perhaps, even feign Appearances; so that the truth is rendered fallacious and uncertain. Besides, authors have confounded this disease with Stupor, Epilepsy, and Tetanus - It is therefore dangerous to discuss fact no better ascertained; and I should offer

From XII. Catalogue.

offer but a difficult, subtle, and tedious theory, and with great diffidence - and, therefore, think it not safe to attempt to account for appearances that perhaps never happened - I shall say no more upon it, but leave this subject to your speculation

Ord. II. Adynamia.

This is a term from Vogel, but applied to an Order different from his class - There are the Debilitates of Sauvages, but he has added to it the Comata, already treated, and the Dysaesthesia, which we have placed among the morbi locales, which make his class very unnatural - Adynamia are distinguished from Comata by being an affection of the Involuntary motions. "Mores Involuntarii sive Vitales sive naturales imminuti" It comprehends the Leipopsychia of Sauvages - Voluntary and involuntary, however, have no clear meaning, and should prefer some other word - It is a deficiency of the Vital Functions, but I have made it more, and added the Natural - There I have confounded, and I own too artificially - But, some fault could not easily be avoided; but it need not influence our practice.

Gen.

the subject of your resolution
never happens. I shall say no more upon it, but I can
be always be assured for experience that nothing
will ever happen. And therefore, think it not
after but a sufficient, and all, and I shall be happy, and

Book II. *De Symptom.*

I am sorry to hear that you are not well, but I hope you will soon be better. I am well at present, but I am not feeling very strong. I am sorry to hear that you are not well, but I hope you will soon be better. I am well at present, but I am not feeling very strong.

Gen. XLIII. Syncope.

Savauges has divided this into four Genera - The first, viz. the Asthenia, we reject, as being a debility of all the Organs of motion, and rather in those of the Voluntary motions, and therefore come under the Comata - Lipothymia, Syncope, asphyxia are merely different degrees of the same disease - No body will doubt this of the two first - We can observe these different degrees, it is true, but they run into each other, and have no distinct limits. With regard to Asphyxia, where the affection is more permanent, it is also only a different degree; and among the species of it Savauges has improperly comprehended all Cases of sudden death, where the action of the heart ceases before death takes place - There can be nothing more ridiculous than to include here Asphyxia suspensorum et Immeritorum - Opium to a certain quantity will kill - But before this it suspends the motion of the heart - But when we observe Opium first induces a Coma, I do not allow this to be a disease properly affecting the heart's motion. But if there be cases, as in Persons affected by the smell of

of Chorea, where the heart is primarily affected, and if a Syncope comes on, we call this properly Syncope, which we have defined "*Motus Cordis imminutus, vel aliquamdiu quiescens.*"

Farther Limitations will be understood from the Causes of that disease - They may be referred to two heads,

1. Those that act directly on the heart, without affecting the brain

2. Those that act on the heart, but indirectly, and by the Intervention of the Brain and Nerves. -

With regard to the first, we find sometimes on dissections of people liable to Syncope various affections of the heart:

a. Tumors, apoplexies, Ulcers, Abscesses, &c.

b. We find also affections of neighbouring Organs, such as considerable adhesions, Tumors and Compressions from water, Pus, &c.

c. Sometimes considerable Obstructions are found in the Lungs, Polypi in the Aorta, &c.

d. Whatever prevents the flow of Blood through the Lungs, as Aneurisms &c.

e. Whatever entirely prevents the return of venous blood to the

of them, then the heart is permanently affected, and
of a large size, and we call this hypertrophy of the
heart. We have also a condition called aneurysm, which
is a permanent position of the heart.

The heart is situated in the center of the chest, and is
from the base of the spine. It is about the size of
a two dollar gold piece.

1. The heart is divided into four chambers, the right and left
ventricle and the right and left auricle. The right
ventricle is the lower part of the heart, and the left
ventricle is the upper part of the heart. The right
ventricle is the part of the heart which receives the
blood from the body, and the left ventricle is the
part of the heart which receives the blood from the
lungs. The right ventricle is the part of the heart
which pumps the blood to the lungs, and the left
ventricle is the part of the heart which pumps the
blood to the body.

2. The heart is divided into four chambers, the right and left
ventricle and the right and left auricle. The right
ventricle is the lower part of the heart, and the left
ventricle is the upper part of the heart. The right
ventricle is the part of the heart which receives the
blood from the body, and the left ventricle is the
part of the heart which receives the blood from the
lungs. The right ventricle is the part of the heart
which pumps the blood to the lungs, and the left
ventricle is the part of the heart which pumps the
blood to the body.

the heart.

It is obvious that the Operation of these Causes must be various and often difficult to understand.

First, we say that a cessation of the action of the heart may arise from a Cessation or Interruption of the Circulation - But this points out a new Limitation of Syncope, to Cases of Interruption of the muscular power of the heart itself. In short, I don't call cases of Suffocation Cases of Syncope, because they are not a disease of the heart - Many Organic affections seem to operate in this way, but I would confine Syncope to a loss of the heart's muscular power. Many of the Causes may be insufficient to produce a suffocation, but may induce Syncope.

I think it is a Law of our System, that a Sense of debility may induce a reaction, as appears in the heart itself, from Ligatures on the Aorta*, or in Palpitations which are plainly of the Convulsive kind - Convulsive Efforts do often end in Palsy or Spasm - Palsy and Apoplexy, in consequence of Epilepsy, are a proof of this. We have many other Instances; and this may also be the case in the heart from stronger Convulsions - But is Syncope a consequence of Palsy, Spasm, or Palsy of the heart? - I have no doubt but

* The action of the heart is increased in proportion to the Resistance - This may produce Palpitation.

but the Spasm often takes Place, and thus may induce a
 Cessation of its action - But it is more likely that a Para-
 lytic State of the heart induces Syncope - Its ventricles
 have been found full upon dissections, which shews that the
 Cessation of motion does not happen while the heart is in
 a Spasmodic State - The left Ventricle is often found empty,
 but we know the right last ceases to act, and is constantly
 found full - In the common Experiments of Examining
 Expiring Animals by Opening the Thorax, we know that
 the right ventricle ceases to act in its full state, and does
 not therefore cease from action in time of Spasm - Thus a
 Palsy is the immediate state, which commonly occasions a
 Cessation of the heart's motion - In many Cases we have
 no other way of explaining this, and therefore I would say
 that, when Organic Affections do not induce Syncope by
 Suffocation, they do it by inducing stronger Convulsions,
 and, in consequence of this, Palsy - Syncope is common-
 -ly symptomatic, and as such deserves no notice; but it
 may be Idiopathic, and therefore I have not passed
 it over, especially as its Causes have not been properly
 explained - The first set of Causes may very often bring
 on sudden death, by means of suffocation - Here they
 are the Causes of death, but not of Syncope - But when
 the entire evacuation of the heart is prevented, a syncope may
 be brought on - as the Lungs acting by the Inter-
 -ven

Intervention of the Brain, I find the subject is difficult and requires Recollection.

Syncope is so general affection that we might pass it over. But it may be Idiopathic, and therefore I have entered into it. It depends on Laws of the nervous System, little thought of and not well explained. But we may expect light from it Causes. They may be referred to two heads,

1. Those acting directly on the heart itself;
2. Those that act on the heart by the Intervention of the Brain, by suspending its functions relative to the Circulatory System.

Many of the former operate by complete suffocation, and as such are not causes of Syncope, but only when in such a degree as not to prevail entirely, but only to interrupt the free evacuation of the heart. This may depend on Spasm or Palsy. Spasm is possible, but Palsy more Probable.

I go on to the second head of Causes, those acting through the intervention of the brain. In going through these Causes it would be easy to show, that often
many

disturbance of the brain, & the subject is affected
and requires attention.

There is a general affection that is not
less it may be that it may be the result of
the brain, & it is found in some of the most
violent, with the result of the brain, & it is
the most violent, & it is the most violent.

I have nothing to do with the brain, & it is
the most violent, & it is the most violent.

The brain is the most violent, & it is the most violent.
The brain is the most violent, & it is the most violent.
The brain is the most violent, & it is the most violent.

The brain is the most violent, & it is the most violent.
The brain is the most violent, & it is the most violent.
The brain is the most violent, & it is the most violent.

many go down a length as to destroy the functions of the Sensorium - But why among these causes, do some act rather upon the animal functions, and some on the vital and Natural? When they act upon the whole of the functions, and very generally, the disease is not to be considered as a Syncope - This leads to ask whether there is here a difference of quality, or of degree only -

Hemorrhage is one of the most noted causes of Syncope. It may be considered under the first head of causes, as an evacuation, withdrawing the stimulus usually applied to the heart - No doubt in sudden evacuations from large Arteries or Veins this may be the case; but then it is rather a case of death, never an object of practice - But there are cases of Syncope occurring from very small Hemorrhages, which cannot be supposed to act there, but on the brain, by taking off its Energy - This cannot be supposed to act by depriving the heart of its stimulus, especially as we can avoid Syncope by laying the Patient on his back, or in any posture that will obviate the loss of Impetus upon the brain - Not only hemorrhages of blood, by the nose, but also any uncommon afflux of blood to a part may do this, as by withdrawing a ligature, by taking away the water in ascites &c. - In the last

last instance Syncope is prevented by continuing the same pressure on the Abdomen as was before. Now with regard to all this, there is nothing more evident than that the action of the Sensorium depends on the state of Circulation in the vessels of the Brain - We have particular reasons for explaining it by the fulness, and consequently the Tension of these - Hence the energy of the Brain depends on the action of the heart, which is exerted so as to occasion constantly the reaction of the brain on itself; and hence Syncope is induced by that Suspension of that Energy of the brain - so far we may go, but the same hemorrhage is frequently the cause of Epilepsy - and there is hardly one cause of Syncope which is not sometimes the cause of Epilepsy - Why then, again, do the same causes sometimes produce a considerable violent reaction of the system, and in others a permanent diminution of Energy? This is not explained, and depends upon an unaccountable balance of the Nervous system: But this gives a presumption that the difference depends on degree - Hence Hemorrhages when fatal very commonly produce Epilepsy before death, whereas small hemorrhages produce Syncope only, without those convulsions that attend greater hemorrhages - From all this we

may

may deduce, that the Causes of Syncope are mostly such as take off suddenly the Tension and Energy of the brain, thus affecting the action of the Heart; and it is probable that diminished Tension or energy may depend on a variety of Causes, such as the sudden remission of violent pain, as I have seen in the reduction of a dislocation that induced Syncope. I knew a Gentleman who had an Inflamed Pustle over the Eye brow, attended with considerable pain; by the point of a Lancet the Pus was evacuated, and a syncope induced - The same effect has followed from the evacuation of Urine by the Catheter - Under a certain degree of Weakness any great and strong Effort will induce Syncope - Thus Labours of Women, though attended with no great hemorrhage - Thus also passions of the mind - The effects of sudden Joy are not to be explained, in this Case, but by a Law of the System, which renders collapse the consequence of every great excitement. We shall hereafter have occasion to say that this happens in persons who have, as we may say, wide oscillations, and a great degree of mobility in the Nervous System.

That Syncope depends more directly on collapse is proved by the Effect of ~~Passions~~ ^{Passions}, such

There is much to be said in the
 praise of the efforts of the
 various societies, and a great
 deal of good is being done in
 the cause of the poor and
 the oppressed. The influence of
 the press, the efforts of the
 various societies, and the
 efforts of the individual
 are all doing much good.

such as fear - Disagreeable Impressions, such as peculiar solid smells, have very generally the effect of inducing Collapse - In case of smell it might be supposed that the effect was owing to a stronger relative power like fear, that should operate more or less upon every person - But few are affected, and those in consequence of the nature, not of the degree, of the Impression - Nothing is more common in Syncope than to be attended with vomiting; and very universally with nausea, if it does not go to the degree of apoplexy - From thence we learn that there is a state of the Stomach corresponding to that of the brain, in consequence of which Syncope is induced; and taking the Inverse, we may suppose that, that state of the Stomach will induce that state of the brain, and consequently Syncope - Thus Syncope arises from overloading, Intercuana; and indeed we observe that the sickness which attends vomiting is called by the Patients Fainting; and from the Paleness of the face and smallness of the Pulse, we see that it approaches very near to it - again many fevers operate so in so much as to have given Oculum to Nosologists to distinguish a Syncope Febrilis - all these Cases affect peculiarly certain persons, or certain states of the System, as general weakness - Therefore we must

[illegible]

must always consider the Predisposing Causes, which may be referred to,

1. To Mobility.

2. Weakness.

Mobility will come to be considered on the subject of Spasm and Weakness - This is enough for the Pathology of Syncope.

CURE - Syncope is hardly Idiopathic, and seldom the object of Practice - With regard to the first Causes, not to say they are often Incurable, they are to be known from their particular Symptoms, such as Obstructions of the Lungs, and affections of other Functions; but when we cannot distinguish them, our Practice for Syncope alone will be very precarious, and at random.

With regard to the second set of Causes, our method of Cure turns very much upon preventing the Predisposition - It has been asked, how far bloodletting was to be employed? - Senac will give you much on this, in his book on the heart - The answer to the question may be reduced to this, That when Syncope depends on Plethora and Causes of Complete Suffocation, Bloodletting is universally to be admitted, but it

...the ...
...the ...
...the ...

...the ...
...the ...
...the ...

...the ...
...the ...
...the ...

...the ...
...the ...
...the ...

It is commonly hurtful and pernicious - But for this
 senect. I suppose you will understand my meaning, by
 leaving you to consult Senec. - We shall under Epi-
 -cypsi have occasion to consider the means of Obviating
 Mobility and Weakness.

Gen. XLIV. Dyspepsia.

A difficult Genus, and very universally only a
 a symptom of another disease - However, as it is frequently
 an Idiopathic Affection by itself, I thought it necessary to
 give it a place in our System. Our Definition of it is
 very imperfect "Ventriculi functio idiopathice turbata
 "per anorexiam, nauseam, vomitum, inflationem, ructum,
 "ruminationem, Cardialgiam, gastrodyniam, et alvum ple-
 "ramque astrictam, indicata." - This Character is bad, as being
 Theoretical - I doubt whether we can distinguish the Af-
 fection when Idiopathic from the Symptomatic - The
 symptoms that are added to express it, as as often symptoms
 of the Symptomatic as of the Idiopathic - But we
 must enquire into their Causes.

Anorexia - Its being Idiopathic is not very clear,
 as it is rather an Inference of reason than an object of
 sense - It is a want of appetite, or hunger in oppositi-
 -on to Thirst - You will know that the Cause of Thun

Deu. XLV. *Deus*

hunger is a difficult Question in Physiology - By some it is
 referred to an Acrimony, from the relics of our former
 food becoming acid & This is corroborated by throwing acids
 by art, which powerfully excite appetite, while Putrescent
 Substances have a contrary effect - Though this may have
 an Effect, yet I do not think, under the variety of our com-
 mon aliment, that Cause of hunger could return so re-
 gularly - others ascribe it to the Emptiness of the stomach.
 We know that a certain feeling, or sense of Constriction,
 which attends its detumescence, is much connected with hun-
 ger - But how it operates is difficult to say - Physiolo-
 gists, who admit of no sensation but of Impression, sup-
 pose this owing to an attrition of the Sides of the Sto-
 mach - But the Stomach even in its empty and contract-
 ed state, has always circular Actions - Besides we know that
 the Stomach is lined with much mucus, which may pre-
 vent the effects of attrition; and as the muscular
 fibres are felt to have little Energy at that time, we
 conclude that hunger is more probably owing to a
 Sensation of Consciousness from want of Im-
 pression - It is not sufficient that the Stomach should
 be empty & require a supply of Aliment - It seems
 that the System should also be under a state of De-
 pletion; and if we eat the time of our eating pass, be-
 ing at the same time under the Influence of certain
 Cir

I have the honor to acknowledge the receipt of your letter of the 10th inst. in relation to the proposed amendment to the Constitution of the State of New York. I am very glad to hear that you are so interested in the subject, and I am sure that your efforts will be successful. I have already written to the Committee on the subject, and I am sure that they will be very anxious to hear from you. I am, Sir, very respectfully,
 Your obedient servant,
 J. B. Thompson

Circumstances, such as disagreeable News, &c, the appetite takes away entirely - Suppression of perspiration takes away the appetite: and on the contrary all the means of promoting Perspiration quicken its return, as brisk Exercise - It is difficult to suppose that this excites the action of the Stomach - It is possible some Exercise may have this effect; but, for example, Sailing will not - A Person dines at 2 o'clock, by 8. His stomach is tolerable Empty; - Towards 9. (the usual time of supper) he hears some bad news, which takes away his appetite - This would be owing to suppression of Perspiration; and I have known an hundred such Instances - Cold Air increases the appetite - How it operates on the Stomach is not found out; but we can understand how it stimulates the action of the extreme Vessels, and is even particularly necessary for it - Perspiration proceeds more quickly in Cold than in warm weather -

Thus Seating is a powerful means of promoting perspiration; and all kinds of Exercise in cold air tend much to promote the appetite - From all this I have no doubt that appetite depends on the action of the Extreme vessels, and on their Consent with the vessels of the Stomach. From this we learn that want of hunger depends on an atonia of the Fibres of the Stomach; and viewed in that Light

[Faint, illegible handwriting in a cursive script, likely a historical document or letter.]

[Faint, illegible handwriting visible on the right edge of the page, possibly from the adjacent page.]

Light Anorexia may be induced by a variety of causes, acting either on the Stomach or on the Extreme vessels, or on the Sensorium itself - That the Stomach is susceptible of atony we have many proofs - We have instances even of complete Palsy of the Stomach.

We have begun to consider the first character, Anorexia, of Dyspepsia - The Cause of appetite has been disputed - I think it is clearly depending on the depletion of the System, particularly that of the immediate Organs of Perspiration, the extreme vessels, when atonia is attended with a like state of the Fibres of the Stomach, inducing want of appetite; and that every state of atonia of the Stomach, is connected with want of appetite - And taking that Idea of Dyspepsia, that it consists in an atonia of the Fibres of the Stomach, let us examine the Causes of atonia. Even in considering the other Symptoms of this disease, we shall find it useful to have taken this first view of it - and we shall reason in a Circle, in saying that atonia produces Symptoms of Dyspepsia, and that these express an atonia of the Stomach -

It may arise of itself, and then be Idiopathic.

The

1. The frequent use of Sedatives, destroying the tone of the whole system and particularly of the stomach, is one of the most frequent causes. The

a. The first of this head of causes is Tea is frequently used in common life. Many disputes have arisen concerning the nature of this - some have been disposed to ascribe its effects to the form in which it is employed, and blame only the warm water. This may have a share, but Tea in substance will prove emetic, and therefore Sedative. They say there are persons who take strong Tea in a small quantity of water without effect. But I consider this only as an instance of so many stomachs that are able to resist its Sedative power, and is no proof against so many Instances as we have to the contrary - I drink a weak infusion of Tea, and do not feel its effect; but I have an hundred times experienced that a strong Infusion debilitates me so much as to induce a Tremor on the slightest occasion.

B. Another Sedative is the frequent use of Bitters.

How far then are Tonics and Stimulants in their first effects, or how far their combinations with astringents may operate in this way, I cannot say. But I think I have had many occasions to observe that they possess a narcotic power, as I hinted, under the subject of Gout, of The Portland powder. However difficult

[Faint, illegible handwriting in a cursive script, likely from an 18th-century manuscript. The text is written in dark ink on aged, slightly discolored paper. The handwriting is dense and fills most of the page, with some lines appearing more prominent than others.]

[Faint, illegible handwriting visible on the right edge of the page, continuing from the main text or as a separate note.]

difficult it may be to reconcile this with the great quantity of Bark sometimes taken with Impunity; But from its long and constant use I have seen the same effects produced.

d. Substances acknowledged to be Narcotic, such as Opium, will in time weaken the Tone of the Stomach - Among the Turks, where Opium is much used, it often produces this effect; and even here, where used as a remedy, the same thing has happened - It destroys the appetite, and therefore the Turks can go long without food; but it destroys the appetite by destroying the Tone of the Stomach - To the same Narcotic quality I impute the loss of appetite from the free use of Intoxicating Liquors - Sometimes the quantity has a share in the effect, from over-distention; but not the whole, as spiritous Liquors in small quantity have the same effect

e. Tobacco also acts like Opium in destroying the Tone of the Stomach - But it may likewise do it in another way, viz. by wasting the Saliva, which is necessary to the Appetite and the functions of the Stomach - But that it is narcotic I know from its producing the same effect sometimes when taken into the stomach, as is often the case, in the form of moff. e.

I do
 -ing
 some
 but
 -fer
 -fer
 -fer

1. Putrid matter - This in the Stomach may be considered as acting in the same manner as Sedatives, and even as an immediate poison; and therefore every quantity of it may induce atonia of the Stomach.

2. For the second head of Causes of Dyspepsia we may reckon the frequent repetition of Stimulants of every kind, which from repetition are found to lose their power, either by destroying the Irritability, or the Tone of the Fibres, of the Stomach - But from a Law of the System every Excitement is followed by a Collaps, which may tend to induce the same loss of Tone in Stomach - To this head of Causes belongs the frequent use of Aromatics - These are the Condimenta commonly used - There are Cases in which we do not perceive their Effect - But there are contrary Cases.

3. The Third head of Causes is the frequent use of Relaxants. For an Example I shall take warm water - I do not know a more difficult Theory than that of accounting for the *modus Operandi* of warm water - We cannot conceive that it should Operate on the Stomach as on the Cuticle; for the Stomach is always humid and always defended by Mucus - Heat affords no better Light, as we seldom take fluids warmed above the degree of animal heat.

But

3. Public Inquiry This in the second may be said
to be a matter in the same manner as the
even as an immediate report and the
of it may have value of the second.

2. For the second half of course of inquiry
we may consider the proposed operation of
of every kind, which from various sources are found to be the
ground, when by applying the method to the use of
the history of the second. That from a view of the
system every government is founded on a certain system
and I hold as the same of the second in the second. To this
half of course belongs the proposed use of the second.
then in the second the second use of the second
in which we do not require the second but the second
may be said.

3. The third half of course in the proposed use of
Religiosity. For in the second the second
the second is a more difficult thing than the second of course
ing for the second of course in the second. The second
For we find that the second is the second as in the
which for the second is a more difficult thing than the second
which for the second is a more difficult thing than the second
which for the second is a more difficult thing than the second
which for the second is a more difficult thing than the second

But I take it as a fact that warm water destroys the
Tone of the Stomach - It would appear that, as the Extremes
Vessels constantly require the Stimulus of Cold, so does the
Stomach, which we know will bear the Cold of Ice very
well - Besides fluids do not Stimulate the Stomach as solids,
which excite its action - Water and Liquid food seem to
want this quality of giving a proper Stimulus to the
Stomach - Whether in this, or any other way, it is cer-
tain that warm water has a considerable effect - and
I know that independant of Impregnations, the frequent
use of Tea weakens the Tone of the Stomach.

4. Over-distention applied to the whole system,
and therefore to the Stomach - Thus very great quantity
of aliments operates - Every fibre is strained - Some
of the food will run up to the Pylorus, and in some
measure stop it, which occasions the contents to remain
longer than natural -

5. Frequent Vomiting may also be considered as
a Cause of Dyspepsia - I have known Instances of young
Women, who for the sake of their Shape, and
Complexion, not being able to withstand the force
of appetite, have, after eating a full dinner, solicited
Vomiting and discharged it all, till by this daily
practice they have quite superseded their own digestions,
and

and in but
Baro
rect
do
b. M
sa
lps
ten
and
a
duty
Thun
tu
Bel
be
tin
ing
L
aff
the

and in but
Baro
rect
do
b. M
sa
lps
ten
and
a
duty
Thun
tu
Bel
be
tin
ing
L
aff
the

and by destroying the action of the Stomach have induced disease. There are perhaps few such Instances; but there are people who frequently are Voracious for curing pretended diseases - and I know this to have been a certain means of inducing the disease they wanted to avoid.

b. Want of necessary Stimulus, such as Cold and solid food, which we are to be such, taking less Condimenta than usual, &c. - There are Instances of other Stimuli regularly supplied by Nature, and become necessary from Custom, such as Saliva; a Constant Effusion from the Salivary ducts induces a loss of Appetite and atony of the Stomach - Thus it is possible also that the gastric and Pancreatic Juice being in too small a quantity, from causes as yet unknown, may operate in this way - The Cause of the Bile is more obvious, as appears sometimes in the Jaundice - There are the Causes inducing the Anorexia and other Symptoms which constitute the Idiosyncratic Dyspepsia -

There are other Causes which may also affect the Stomach, but more indirectly, and through the intervention of the brain - Thus any affection of the

the Sensorium, as compression or Cutting the Sympathetic nerve, may induce Paralysis and atonia of the Stomach - Causes diminishing the Energy of the Sensorium, as grief, Sadness, &c, have the same effect - We have a curious instance of this in certain Temperaments, disposed to grief and Sadness, which is especially attended with a loss of Tone in the Fibres of the Stomach, as in Hypochondriasis - It is sufficiently clear that the several Causes affecting the whole system in that way, may also affect the Stomach - But it is probable that more particular affections of Parts connected by sympathy with the Stomach, will have that effect; such as the atonia of the extreme vessels occurring in febrile disorders; such also as the Genitals, and Uterus in women, being affected: That they are connected with the Stomach appears in Fluor albus, Chlorosis, obstructed Menses, &c - Whatever you may think of this Theory, it is a fact that Scirrhus, and an atonic state of the abdominal viscera, are attended with symptoms of dyspnoea, and therefore Scirrhus of the Liver, Spleen, &c arising to Cachexia, is chiefly discovered by Symptoms

Symptoms of Dyspepsia, which I think probably explained by a communication of atonia from those Viscera to the fibres of the Stomach - Another remarkable connexion of the Stomach is with the Vessels of the joints, as I have explained upon the subject of the Gout. Causes of atonia in the Joints induce ~~induce~~ it in the stomach - The Kidneys may be supposed to affect the stomach, like all other abdominal Viscera; but when treating of the Gout I endeavoured to prove that the Kidneys ought to be considered in the Light of Extreme Vessels, particularly connected with the stomach - And as we have seen it of the Gout, so I have frequently observed Nephritic Paroxysms ushered in by atonia of the Stomach - When to these Causes of Anorexia you join the consideration of other Symptoms of Dyspepsia, produced by the same Causes, I think it is probable that the Cause of this disease is an atonia of the Stomach -

In order to investigate the Complicated disease Dyspepsia, I said it was necessary to consider its various Symptoms - I began with that of Anorexia, depending on a weaker action of the fibres of the Stomach. Now I proceed to the other Symptoms.

Nausea

Nausea. This may obvious be considered only as a higher degree of Anorexia. Still higher it proves a Vomitus. This, then, and loss of appetite are the extremes of the same Symptom, and therefore if they be explained the intermediate Nausea will of course be understood. Therefore with regard to Vomiting, the most common of the two, it is thought to proceed from a direct Stimulus applied to the Stomach. This may often be the case. But it has been an unlucky mistake, to have always recourse to direct Stimuli from Impression, overlooking sensations of Consciousness which arise from Inertia and want of Stimulus, attended with a reaction to those fibres, particularly suited to remove the Cause of the uneasiness. All this appears in Vomitus. Boerhaave on the subject of Nausea and vomitus febrilis, speaks for Causes of direct Stimuli only, therefore overlooks the true state of the Stomach in fever. I have touched this on the subject of fever, but shall repeat it, shortly. Vomiting is a frequent attender of Typhus from Causes that cannot be conceived to act directly on the Stomach, as from some Circumstances of Bloodletting.

Bloodletting, which affect the Stomach with an uneasy sensation, in consequence of the debility they throw over the whole System - Merely disagreeable sensations on the Stomach, without stimuli, such as disagreeable Tastes, excite Nausea and vomiting - There are certainly persons who have these affections by taking in much water, much Oil or Fat meat, which cannot be supposed to act as stimuli - I have seen lately, in consequence of much fat meat taken in, an Apoplexy induced, by the communication of atonia to the Sensorium - All disagreeable Odours and Tastes will have this effect, whether Sedative or Stimulant - Opium excites this disagreeable sensation - Hence a person could hardly poison himself with solid Opium, as a vomiting would be produced and the Opium discharged - Every thing mild and bland taken into the Stomach when it is not fitted to perform its functions with them, will excite Vomiting; and it is not in proportion to their Irritation, but whatever gives occasion to the action of the Stomach will have the same effect - The action itself being uneasy - We have states of the stomach without any change in its sensibility or Irritability, but induced by some topical affection, in which every thing will prove a vomit - I will not assert that Emetics never act
as

as Stimuli, but I think the most of them act chief-
ly by producing a disagreeable Sensation - If covered
they will often lie quietly on the stomach - Nay in
persons whose Imaginations are easily moved, Vomiting
is induced from the sight or Remembrance of the sub-
stance that formerly was so disagreeable to them -
all this is not reconcilable with the Operations of
Emetics by stimulus - That Nausea may arise from a
want of Debility or Sense of Resistance upon the whole
System, is also certain; and there is no doubt, therefore, that
Anorexia, Gastidium, Nausea, and Vomiting are not de-
grees of the same symptom only, and depend on a Debility
of the fibres of the Stomach - As Symptoms of Dyspep-
sia, Nausea and Vomiting concur, then, in confirm-
ing the Proximate Cause we have given of this dis-
ease, viz, an atonia of the Stomach.

Inflatio, or flatulent distention of the Sto-
mach from its contents - We cannot suppose that either
solids or fluids acquire any considerable degree of Extension
from the heat of the body - Therefore with all Phy-
sicians we attribute this to the Extraction of an Air,
from a fixed to an Elastic State, which when in
an unusual degree occasions an Inflation of the
stomach - What are the Causes of this Extraction?

See

Certainly in many Cases this is due imputed to the more or less fermentable quality of the aliment; but mostly to the debility of the Stomach - and its being transitory proves it is reabsorbed - air is every where in our Aliments, our Chyle, blood, &c. - It is often extricated by the Diminution of pressure of the external air - But there seems to be a power in the stomach to investigate the Elastic air, so as to make its Elasticity disappear - This we take to be trituration by the strong fibres of the Stomach - With regard to reabsorption, we understand that the Air is reabsorbed by other bodies, such as the Saliva and gastric fluids in the Stomach - No fermentation happens without extrication of Air, and then reabsorption of it - The whole conduct of fermentation in the stomach we impute to the quality of these fluids; and we impute Flatulency to a defect of the gastric fluid, proceeding from a weakness of the fibres of the stomach; and thus Inflation concurs with other symptoms of Dyspepsia to establish a debility of the fibres of the stomach. It is from a defect of investigation that the air is collected in its state of Elasticity in those quantities which escape by the upper Orifice superior

It every other part of the stomach - yet partly by the muscular fibres surrounding the Cardia, and partly by the contraction of the Stomach, it is that air does not easily escape by this Orifice, but excites a disagreeable sensation there, which produces an inverted motion of the fibres, in consequence of which the air driven upwards produces Ructus, different from vomiting only in the degree of Inversion, which does not require the assistance of the diaphragm and other parts - This again concurs in establishing a debility of the fibres of the stomach as the cause of Dyspepsia.

Ruminatio is an inverted motion of the Stomach in some animals, which again brings up into the mouth the Solids less dissolved, for a new Mastication. It more especially takes place for solids, as most solid Aliments are specifically lighter than fluids, and therefore swim nearer the Cardia, and will operate there in the same manner as those Collections of air which occasion Ructus - This too is a symptom of a weak Stomach, a mark of difficult solution; and though it may arise from the Texture of these Aliments less liable to Putrefaction, yet under an action sufficiently vigorous they would be taken down again from the Surface, and be mixed and dissolved with the rest.

Car

A very thin part of the stomach - but nearly by the
 muscular fibres surrounding the cavity, and nearly by
 the contraction of the stomach, it is that an elastic
 and elastic by the fibres, but nearly a separate
 infusion that, which produces an elastic motion of
 the fibres, in consequence of which the air is drawn up
 into the stomach, which is different from contraction
 only in the degree of tension, which has no relation
 to the appearance of the air, and other parts - this
 again occurs in the stomach, a little after the
 the stomach in the course of the process.

Remembrance is an elastic motion of the
 back in some animals, which again brings up and
 the stomach the food is expelled, for a small portion.
 It more especially takes place in some, as in the
 stomach, and is especially taken from the fibres, and
 therefore some regard the fibres, and not some
 that in the same manner as the collection of
 air which causes the stomach to be a portion of
 such a motion, a part of the stomach, and that
 it may arise from the fibres of the stomach, as
 said by the stomach, and under an elastic motion
 upon the air, and is not a motion, but the
 the air, and is not a motion, but the

Cardialgia. This may appear doubtful to critical Nosologists - Savauget distinguishes this from Gastrodynia (Gen. 202, 203.), as his Character of Cardialgia is "Moles -tia in Stomacho synconem minitans." - Which Linnaeus expresses thus "Cardiac dolor Scrobiculi subsynconalis." - Vogel does not take notice of this subsynconalis - and I am in the same condition - and that sense of Syncope coming on I have never found in myself or others laboring under Cardialgia - There are two pains of the stomach. The first is confined to the upper orifice of the stomach - It is the dolor Scrobiculi or dolor Cardiac of Linnaeus, distinguished by the place and by the feeling - It is a kind of heat or acrimony (for these two are difficult to be distinguished from each other) and arising from acids. - Linnaeus describes it under the name of Soda, "Oesophagi. dolor rancido deurens rutilibus calidus." The Character of Vogel is nearly the same "Dolor urens calidus e Ventri-culo in fauces asurgens." Savauget also describes that sensation in his Gen. 200. Pyrosis - "Sensus ardoris in Ventriculo & oesophago sine febre acuta." It is this I mean by Cardialgia, - called in English Heartburn - from many observations we know that it may arise from any acid matter applied to the Cardia, the most visible part of the stomach - It may therefore arise from any acrimony in the stomach - The most common case of

Acrimony in the Stomach is that of acid acrimony, and this is observed with other symptoms of Dyspepsia, as proceeding from Debility of the Stomach - In every digestion there is an acid generated - Upon many occasions acids and Ascents are taken in large quantities into the Stomach without inducing Cardialgia and Nausea - Therefore there must be a reabsorption of acid matter: and to account for this I will not enter into any theory, nor explain it as Boerhaave did by Inviscation. It is enough to say that reabsorption depends on the action of the animal fluids, such as the saliva, gastric fluid, and Mucus; and that acidity appears after much spitting and evacuation of other fluids, particularly - From this it appears that that symptom is owing to a defect of the gastric Liquors - But the symptom of prevailing acidity is so frequent as to deserve more consideration -

If the acid appears in consequence of fermentation, as must be allowed, and is strictly connected with extrication of air, the same causes may induce both; and therefore acidity proceeds from a weakness of the Stomach. It arises also in another way - The acid of the Stomach, whether taken in or produced there, is certainly investigated there, but never so much as to escape in pretty considerable quantity by the Pylorus, to unite with the Bile.

Butler.

But, &c -

On the subject of Dyspepsia I hasten some pains, because it makes two thirds of our practice in Chronic Diseases, after Pyrosis - at the same time, it lies still in confusion; and I am glad I have now leisure to consider it more fully -

I was meaning of Cardialgia, a pain at the upper orifice of the Stomach, attended with a sense of heat or acrimony - This is the common notion of our heartburn. It may arise from unusual sensibility of the Cardia, but more commonly from acrimony in the Stomach; the most frequent of which is an acid acrimony; and therefore Cardialgia or Ructus acidi indicate a prevailing acidity for a symptom of Dyspepsia - as acidity is the effect of Fermentation, and formed at the same time that an unusual quantity of air is evolved, its prevalence in the stomach seems to be preferable, like that of air, to the weaker action of the Stomach - But both air and acid are again reabsorbed; and if we consider that the gastric fluids are the chief means of the transformation of these substances, we understand also how the weaker action of the Stomach may induce the absence of these fluids -

The slower evacuation of the stomach is also frequently the cause of these symptoms, because the bile in this

this case does not soon cover the acid - This is confirmed from a surprising degree of acidity being produced by Livorosity of the Pylorus, so as to corrode even the linen cloth on which it is thrown up - again, on this same account it may depend on the greater or less solubility of the aliment, and it is thus we explain how apples, Cucumbers, Melons, Cabbage, &c produce in some people of a weak stomach a great degree of acidity, from their more slow dissolution - Therefore we have found this symptom of Cardialgia owing, like the rest of the symptoms of Dyspepsia, to an atonia of the Stomach.

Gastrodynia. is every pain of the Stomach, except Gastritis and Cardialgia. It is the definition of Sauvages Genus 203. Gastrodynia. Linnæus is still more general under the name of Gastrica "Ventriculi dolor" "Epigastrium", by which he meant only Cardialgia or Dolor Trochilei - Vogel is still more simple in his Peridynia, which is plainly "Ventriculi dolor" - But he suggests a Limitation, in some measure necessary, in the next Genus, Pneumatosi or Inflation of the Stomach; and to distinguish it from this we must limit it to a small space, and take it for an acute pain - Having thus distinguished Gastrodynia, I say it depends on Spasm - We know chief

- print

different sources of Pain.

1. Impression, either mechanical or Chemical, from acrid matter.
2. Distension.
3. Spasm, or violent contraction of muscular Fibres -
4. Oscillations propagated to parts where, in consequence of resistance, they meet.

almost all acids in the stomach are seldom felt at any place except the Cardia - Therefore we must take Gasterodynia to depend on Spasm; and this may, perhaps, be owing to some acrid, or direct Stimulus, but more frequently to atonia, which disposes to Spasm; and therefore Gasterodynia also points out that atony as the Cause of the Disease -

Anus adstricta. There are instances of Lintery where the matter taken by the mouth has appeared in a natural state from the Anus about an hour after. The common course of the aliment in the Intestines is to give one stool in 24 hours - But there are considerable differences in this respect - There are people who have no stool for eight days - The dryness of the Colon, or some other Circumstances, may be the Cause of a slow belly - But in Dysenteries where the constriction of the Colon induces the

the Retention of the Stools, the best means of removing the disease is to excite the action of the upper small Intestines - Therefore the weaker action of the Intestines, and even the weaker action of the Stomach alone, may be a Cause of Costiveness - To this may be imputed the Costiveness of Women, and of Melancholic and atrabiliarian Temperaments, in whom a general Torpor of the System particularly shews itself in the alimentary Canal - Therefore Costiveness concurs with all other symptoms of Dyspepsia to establish the same Proximate Cause, Atonia

This I have enumerated all the symptoms of Irregular action of the Stomach, or interrupted digestion, which being collected may make a Genus called Dyspepsia. However it is difficult to mark this disease, except you take in also the Proximate Cause, or atony, to distinguish it from the same symptoms induced by Poison, external violence, &c. The permanency of Dyspepsia makes its chief distinction from them - I have enumerated some of these noxious substances as remote Causes of Dyspepsia; but they must be considered as such only when they induce a debility on the stomach - Thus also Dyspepsia may be distinguished from Scirrhi and Inflammation - Its separation from Inflammation is easy; but that from scirrhi -

The intention of the book, the end means of it, is to give the reader of the opportunity to see the nature of the human mind, and the manner in which it is affected by the various passions and affections of the soul. It is a book of instruction, and of the highest importance, to the mind, in the study of the human mind, and the manner in which it is affected by the various passions and affections of the soul. It is a book of instruction, and of the highest importance, to the mind, in the study of the human mind, and the manner in which it is affected by the various passions and affections of the soul.

The book is divided into two parts, the first of which is the most important, and the second of which is the least important. The first part is divided into three chapters, the first of which is the most important, and the second of which is the least important. The first part is divided into three chapters, the first of which is the most important, and the second of which is the least important. The first part is divided into three chapters, the first of which is the most important, and the second of which is the least important.

with
action
time
case
open
new
itself
case
and
effect

- case
dual
1. X
2. X
3. X
4. X
5. X
6. X
7. X
8. X
9. X
10. X

Prose

irregularities of the Pylorus, or other parts of the stomach, is extremely difficult. - It is difficult also by external symptoms to distinguish the Idiopathic from Sympathetic Cases; but this is very necessary, as our practice depends upon it. - Observe in the first place, that though I have marked many Causes acting on the Stomach itself, and therefore inducing Idiopathic Dyspepsia, these Causes are very rare - From a consideration of Causes, and from Experience, we learn that the Sympathetic affection is by far the most frequent -

It is necessary here to speak of the several Causes of Sympathetic Dyspepsia. - They may be reduced to these.

1. Dyspepsia Febrilis.
2. Dyspepsia Paralytica.
3. Dyspepsia Hypochondriaca.
4. Dyspepsia Hysterica.
5. Dyspepsia Chlorotica.
6. Dyspepsia Catamenialis.
7. Dyspepsia Hemorrhoidalis.
8. Dyspepsia Cachectica.
9. Dyspepsia Arthritica.
10. Dyspepsia Nephretica.

a. I have had occasion before to point out fully how the Causes of fever affect the

the Stomach, so as to produce a *Dyspepsia febrilis*. But it will always be viewed and treated only as a symptomatic affection, and will never be mistaken for *Idionathia* when there is a fever. But both Intermittent and Continued fevers, though seemingly removed, often leave behind them a certain *Diathesis* disposing to a relapse, and often affecting the Stomach so as to produce *Dyspepsia*. There is not a more obstinate *Dyspepsia* than that arising from the imperfect solution of Intermittents. But the Bark in these cases cures the disease.

c. With regard to the *Dyspepsia Paralytica*, It is common for the vital and Natural Functions to escape, while the animal are affected. But if the Palsy attacks the Blood Vessels, as is sometimes the case, though rarely, it extends also to the stomach. It is then easy to distinguish it from Paralytic affection! being present. But I have observed that Paralysis often begins by *Dyspepsia*; and this is so combined with the Palsy that there is certainly a foundation for the *Dyspepsia Paralytica*.

d. *Dyspepsia Hypochondriaca*, or *Dyspepsia of Melancholici and atrabiliarian Temperaments* -

On this account I formerly treated the whole Subject of Dyspepsia under the Title of Hypochondriasis, but improperly, as the notion of Hypochondriasis has always been ~~considered~~ as a Case where the Mind was affected by Languor, Fear, and Sadness, as you see in the Characters. How far the affection of the mind has been looked upon as the Chief affection in Hypochondriasis, you may best learn from the Characters of other Nosologists - see Sauvages Gen. 220. - Linnaeus 76. - Vogel's 218. Therefore I have found two Genera of these diseases, distinguished by the affection of the Mind - But I find the Symptoms of the mind are often present and absent in the same person, under the same affection; and on the other hand in the Dyspepsia Arthritica the mind is much affected - Therefore I think that another Character should be taken into Hypochondriasis, viz, Dyspepsia in Temperamento melancholico; & then it is Cause.

d. Dyspepsia Hysterica - This is the source of still more Confusion - I shall hereafter say that Hysteria, in its proper limits, is ~~the~~ considered a spasmodic affection of the whole alimentary Canal, with circumstances in the Age, Temperament, and Causes which distinguish

distinction
 that
 climate
 -lity
 is pro
 -reposition
 -cases
 the
 by
 Bouché
 degree
 E. Dyer
 -lity
 chief
 Her
 What
 -tic
 -fid
 bus

comp
her
Bur

distinguish it from Dyspepsia - It is frequently obvious that at the same time that, frequent convulsions of the alimentary will leave the stomach in such a state of debility as to produce Dyspepsia; and it is this Dyspepsia that is preceded and produced by Hysteria, which I call Dyspepsia Hysterica - again it is easy to see that these diseases may be combined, and give still more properly the Dyspepsia Hysterica, - When the Dyspepsia is induced by Hysteria, and again upon it relapse into Hysteria. Causes exciting proper Hysteria may also in a less degree produce Dyspepsia or a combination.

ε. Dyspepsia Chlorotica - The theory Chlorosis is difficult, but nothing is more evident than that it consists chiefly in a loss of Tone, particularly affecting the stomach - again, nothing is more evident than that the uterus, where we suppose the atonia begins, is particularly connected with the stomach - We shall consider this Dyspepsia Chlorotica more fully hereafter, but this species leads me to two remarks -

First, it is evident that Chlorosis is almost constantly attended with other symptoms of Dyspepsia, particularly anorexia, the fundamental symptom. But here the Chlorosis is sometimes attended with a hun-

Appetite, unusual in degree and in the object of its desire - How far this may belong to debility in the Stomach deserves our attention - I think it may be some an appetite from a sensation of consciousness. Hunger arises from a sensation of Emptiness of the Stomach; and though I formerly said that it depends chiefly on the vigorous tone of the Stomach, it is only so far as this tone gives occasion to feel more sensibly the want of necessary distention -

To study Pathology, we must chiefly study the Pathology of the Stomach, and on this account I dwell so long on Dyspepsia - I concluded my last Lecture by a Question, how to reconcile the sharp keen appetite in Chlorosis with the general debility of the Stomach - I observed that though appetite arises from the tone of the fibres of the stomach, it more immediately depends on a sense of depletion, more particularly felt in consequence of the tone of the stomach - It is probable that appetite may thus arise from the want of some usual stimulus, as craving for salt food - But such appetites are generally irregular - Appetite is certainly directed from usual causes to natural objects - But Custom has certainly a very great influence in this - An Englishman will never think of satisfying his appetite with sour Milk or Oatmeal Porridge - But a German will think of the former, and a Scotchman of the latter -

I knew a person who had been abroad for more than a year, yet when he was returning home had a an appetite only for oatmeal Porridge, the food which he had been accustomed -

Again unusual causes of appetite directed to unusual aliments, which cannot be explained in any other way, - But all we say that such things are blue and others Green, &c. In such cases the efficient cause is always unknown - Dr Hoffmanns maxim, that atonia always induces Spasm, is generally allowed, and to such increased action or spasmodic motion from atony, I ascribe the Cause of Morsus Ventriculi, sense of Tearing, gnawing, &c, which often end in Spasm and Gastero-dynia - These morsus Ventriculi are combined with a Craving for food, and are relieved by a little bread - You may observe that this appetite is analagous to the natural one, both arising from an increased action - But natural appetite comes from supported tone, and this from increased action in consequence of atonia -

I have arrived at what I wanted, viz, to establish the Character of Dyspepsia, as depending on

on atony of the Stomach. Part of those Considerations arose from that of Dyspepsia Chlorotica - I might have added here another Species of Dyspepsia, *Graavidarum*. It is scarcely an object of Practice, but it particularly points out the connexion between the uterus and Stomach.

3. *Dyspepsia Catamenialis* - In all Cases where the menses are much diminished, or suppressed, the Stomach is affected, with particular Circumstance, that this affection is more readily dependant on a spasmodic ~~contraction~~ ^{contraction} - and similar to it is the Dyspepsia arising from Fluor Albus - In distinguishing the proper Fluor Albus from other affections depending on increased Secretion of mucous Glands, Ulcerations, &c. I employ this mark, that the Proper Fluor Albus is accompanied with Morbus Ventriculi, Dyspepsia, &c. - Now nothing will be more readily understood than why dyspepsia has been confounded with Hysteria - At the same time take notice of the Confusion that has prevailed in our Systems concerning the Distinction of Hypochondriasis, Hysteria, and Dyspepsia, which have all been compounded together under the general Denomination of Nervous diseases. But there is too much danger in

in general Terms, which are always an *Asylum Ignorantis*.
 I will say in general that I know of no Author, who, in treat-
 ing of *Hysteria*, *Dyspepsia*, and *Hypochondriasis*, has not
 by these general Terms thrown much Confusion on the Doc-
 trine - Therefore it is absolutely necessary I consider
 particularly the *Dyspepsia idiopathica et Symptomatica*,
 and therefore I have considered the different Species of this.
 I go on to

1. *Dyspepsia Hemorrhoidalis*. We have many instances of
 the *Vena Portarum* being particularly connected with the
Stomach - For this I refer you to the *Stahlian*s - When
 ever the hemorrhoidal discharge becomes habitual, an in-
 crease or diminution in the flow has considerable effects
 on the System in general, but especially on the *Stomach*.

2. *Dyspepsia Cachectica* is also a Term too general in
 our Systematics, particularly in *Boerhaave* - So far
 as I see it must be limited to an incipient *Anasarca*,
 from a general loss of Tone in the Lymphatic and ab-
 sorbent Vessels - This state, then, which we call *Cachex-*
ia we find very frequently connected with *Scurvy*
 of the Abdominal Viscera, producing a stagnation of
 the Venous blood - But there are *Scurvies* of the ab-
 dom

Abdominal Viscera which cannot operate in this manner, and yet produce Cachexia and Dyspepsia; which I explain by a Translocation of atonia of the Viscera that are connected with the Stomach - There may be other Cases of Dyspepsia, which may be comprehended under this Head, such as repelled Eruptions, and old Ulcerations dried up, of which the chief effects are Dyspepsia, Cachexia, and Dropsy - The common account of this is, that by these Eruptions and Ulcers an Acrimony was evacuated, which being reabsorbed into the System produces these disorders - But how that Acrimony diffused through the whole Mass destroys the Tone of the System, is not easily explained - But it appears that if there be acrimony in these Cases, it operates as a Sedative, and thereby induces atony, and therefore recedes into the Causes of Dyspepsia - But this Acrimony is frequently merely imaginary, and there is only a Translocation of Atonia - On this Subject see Morgagni, Epist. 55. - I have seen this morning a Lady who has long been troubled with an Ulceration of the Mamma - a singular Acrimony was suspected, and if it were dried all bad Consequences were apprehended - It was connected with Suppression of Menstruation, which, by an effort of Nature, were restored; and from that moment the

the most common of the human mind is the
idea of a future state of existence. This
idea is not only a source of comfort to the
suffering, but it is also a source of strength
to the weak. It is the only hope that
can sustain the human mind in the face of
adversity. It is the only light that can
illuminate the path of the lost. It is the
only anchor that can hold the human soul
in the storm of life. It is the only
comfort that can be given to the dying.
It is the only hope that can be held out
to the despairing. It is the only light that
can be shown to the blind. It is the only
anchor that can be thrown to the sinking.
It is the only comfort that can be given to
the lonely. It is the only hope that can
be held out to the hopeless. It is the only
light that can be shown to the dark. It is
the only anchor that can be thrown to the
sinking. It is the only comfort that can be
given to the lonely. It is the only hope
that can be held out to the hopeless. It is
the only light that can be shown to the
dark. It is the only anchor that can be
thrown to the sinking. It is the only
comfort that can be given to the lonely.
It is the only hope that can be held out
to the hopeless. It is the only light that
can be shown to the dark. It is the only
anchor that can be thrown to the sinking.
It is the only comfort that can be given to
the lonely. It is the only hope that can
be held out to the hopeless. It is the only
light that can be shown to the dark. It is
the only anchor that can be thrown to the
sinking. It is the only comfort that can be
given to the lonely. It is the only hope
that can be held out to the hopeless. It is
the only light that can be shown to the
dark. It is the only anchor that can be
thrown to the sinking. It is the only
comfort that can be given to the lonely.

the Uter put on the appearance of a mild ulcer, and very soon after dried up, and Suppuration will not return, unless the Original Cause, obstructed Menstruation, again recurs - She had no such symptoms follow the drying of the Uter as are considered the necessary consequence in such Cases - This should caution us against suppositions of Acrimony.

1. *Dyspepsia Arthritica & Nephritica* - of these I spoke largely when treating of the Gout. What I then said of that Gout, and of its irregularity depending on atony, may serve to illustrate the present subject; and this again may serve to explain what was then said, and what has often been observed, that atonia may be translated from one part to another.

Cure of Dyspepsia - according to the Laws of method we would suppose that it should be directed only to the Idiosyncratic affections, as the Symptomatic will be cured with the Idiosyncratic disease - But there is here something particular, from the great Connexion of the Stomach with other parts; and as in many Cases we cannot apply our Tonics to the part primarily affected, we apply them with success to the Stomach - There is a particular reason for considering the means of restoring the Tone of the Stomach even in Sympathetic Dyspepsia; and though we

we can never hope so much by this as by attacking the primary disease, yet on this account the Treatment of Dyspepsia in disease is an important object, and ought to be considered fully - The Indication is to restore the Tone of the Stomach - But as this is always a work of Time, it is incumbent on us in the mean while to avoid Occasional and Remote Causes, and prevent aggravating Symptoms - Therefore we shall first speak of avoiding Remote Causes, and those Symptoms which may be considered as such, and then of restoring entirely the Tone of the Stomach -

1. Among the remote Causes of Dyspepsia already considered, one of the most frequent is Indolence of Body and Mind. If it were not for Impressions we should always be asleep; and the due Exercise of the Functions of Sense and Motion is absolutely necessary to support our System - It is very necessary that the attention of the mind be turned to particular, engaging Object - Often have I seen Dyspepsia cured in this way alone.

2. Another remote Cause is an Overdistention of the System, not from Surfeit, which is to be relieved only vomiting, but from full Living - I doubt the

Whether a sharp appetite does not induce to eat too much - and I think that most persons in health do eat too much, and this induces Dyspepsia, in proportion as the appetite is indulged - We should in the next place attend to the quality of our food, but this is not so important as the quantity.

3. I mentioned some particular Aliments which act as Sedatives, one of which was Tea, and I might with equal Propriety have mentioned Coffee, and other habitual narcotic Ingesta - I knew a Gentleman troubled with Cardialgie symptoms, which, as is usual, afflicted him in the night, when in a Horizontal Posture - These continued against all Tonics, and at last were accidentally discovered to depend on Coffee, and upon refraining from it these symptoms were relieved - Tobacco also, chiefly when chewed, or even when snuffed, if allowed to be swallowed (as is sometimes the case) may induce Dyspepsia. I knew a Gentleman who also by accident discovered Snuff to be the Cause of his Complaints, which were entirely removed by laying aside his Snuff Box - ~~Drugs~~, both as a Stimulus and a narcotic, are certainly, as is Opium, a frequent Cause of Dys

Dyspepsia, chiefly when taken to the degree of Intoxication, operating both by over-distention and by their Narcotic power, as in habitual Drunkards -

4. Excess of ~~any~~ VENERE in both sexes destroys the Tonic of the stomach, like every excitement of the Nervous -
5. ~~all~~ all relaxing powers, chiefly warm drinks; and though I impute many bad effects to Tea & Ale, yet I am ready to think much ought also to be attributed to the Warm water -
6. Cold constantly applied, chiefly to the Lower extremities, diminishes the Tonic of the Extreme vessels, will therefore certainly induce a slow Belly and Dyspepsia - I have known warm flannel shirts and stockings cures this Disease -
7. ~~Moisture~~ Moisture of the Air, which explains how in some Persons Dyspepsia chiefly appears in Cold and moist weather. Some have been freed from this, by going to a warm Climate in winter.

I have referred the Cure of Dyspepsia to Three heads or Indications - The first was avoiding remote Causes - On this we have spoken fully There are some other Circumstances which may be considered as

Suppose, that when taken to the point of view
the object is not seen as it is, but as it is
represented in the mind.

1. The object of knowledge is not the object
itself, but the representation of the object
in the mind.

2. All relating power is not relating power
itself, but the representation of the relating
power in the mind.

3. All relating power is not relating power
itself, but the representation of the relating
power in the mind.

4. All relating power is not relating power
itself, but the representation of the relating
power in the mind.

5. All relating power is not relating power
itself, but the representation of the relating
power in the mind.

6. All relating power is not relating power
itself, but the representation of the relating
power in the mind.

as Remote Causes, such as Aduerent Food, &c. But of these by and by - It is often sufficient to avoid remote causes, as the Stomach will afterwards of itself recover its tone as much as System will permit. Therefore this Indication is absolutely necessary, and without it all the rest will be useless.

II. Our second Indication is to remove such symptoms of Dyspepsia as aggravate and support the disease, before we can hope to restore the tone of the Stomach. These are

1. Indigestion,
2. acidity.
- 3 Costiveness.

By ~~Indigestion~~ Indigestion we mean the Retention and degeneration of aliments in the Stomach. It is obvious that this Symptom will be a cause of Anorexia, and even Nausea; and as it arises from Insolubility of the Aliment or weakness of the Stomach, there will be longer retained, and by their fermentation and effects on the new Ingesta will constantly aggravate the disease - and in many Cases will prevent the effects of the remedies we employ. Therefore this Symptom is to be corrected by vomiting, which accordingly properly begins the Cure of Dyspepsia most commonly; as

As evacuating any indigested aliment, it is necessary; but observe it is also useful upon another account. I have often observed that Vomiting determines to the Surface. It does this by exciting the action of the fibres of the stomach, upon the want of which this disease so often depends. I come now to the means of exciting Vomiting. These are of two kinds

- a. Vomiting may be excited by warm water alone, especially if impregnated with disagreeable Bitters, as *Chamomile*, *Dec.*, or *Green Tea*; or with Stimulants, as *Horehound*, *Mustard*, *Spiritus Cornu Cervi* - By these means we give a purge or a washing of the Stomach.
- b. To excite proper Vomiting we employ *Specacucina*, *White Vitriol*, *Tartar Emetic*, &c, introduced in warm Water, or warm water impregnated, which assists their Operation.

If Evacuation is the only indication, the Purge and washing of the stomach by the first means are sufficient. But if it is necessary to excite Vomiting, so as to determine to the Surface, stronger stimuli are necessary. We have every day instances of this. I know that washing the Stomach may be a temporary relief, but it is Temporary merely, and is to be repeated every day;

while

Then one of two things
 happens. I come now to the means of exciting benevolence
 and, upon the least of which the spirit is often
 stung. It may be by exciting the action of the fibres of the
 system. I have observed that persons who are
 otherwise quite insensible upon excited accounts, I have
 in conversing and intelligent treatment, it is necessary, but

[illegible]

while Tartar Emetic would have relieved at Once for
 a fortnight - More universally, however, we avoid this
 kind of vomits, but improperly in the Cure of the Dys-
 -pepsia - Nothing is more ^{common} than to have a quantity of viscid
 Mucus thrown up, and nothing is more common than to
 consider this as the Cause of Anorexia - But this is falla-
 -cious - There is no proof of its being in the Stomach
 before, or the Cause of the disorder - The Stomach is
 supplied with an immense number of mucous Follicles,
 which upon any occasion can furnish a considerable
 quantity of Mucus - M. Senac examined the Stomach
 after death by scowering it, and thought, but was mistaken,
 that so much mucus could not come from these follicles,
 and that it must therefore come from the blood vessels.
 Vomiting will evacuate this mucus, and therefore there is
 no proof of its being morbid - Again there is nothing
 more common than a discharge of Acid, but this does
 not at all prove a prevalent morbid acidity - The
 human stomach is never without acid, and often it is
 there in great quantity, without giving any morbid
 Symptom - The same may be said of a Quantity of Bile.
 If Vomiting is strong and accompanied with much effort, the
 Biliary ducts will be imulged, and the Bile brought up
 into the Stomach - I own Phlegm, acid and Bile may be

which latter books would have been at one for
a fortnight. These various facts, however, in and out the
kind of account, but important in the line of the law
regarding. Nothing is more than a general opinion
than the law up, and nothing is more common than to
consider this as the cause of business that the world
knows there is no proof of it being in the hands
before as the cause of the business. The demand is
supplied with an enormous number of means, which
which upon any occasion, as for a single day
quantity of them. The law remains the same
of the state of accounting, and though not complete
that is not a matter of fact, but a matter of
and that it must therefore come from the
function with account, the matter, and therefore there
is proof of it being made. Again, there is nothing
more common than a charge of debt, but the
not at all more a practical matter, which the
business, though it is more without and often it is
there is great quantity without giving any more
function. The law may be said to be a branch of the
of business, which is a matter of fact, and often it is
in the hands of the law, and often it is

be the Cause of the disorder, but not so much as has been thought, and as has been given out by the Apothecaries, to recommend their own Practice, who will shew from the end of a feather the large quantity of Ugly Muck which warms the Stomach. There are a number of occasions in which the Inference is false, and the frequent repetition of Vomiting founded upon this, is very precarious - There is no end to these Complaints, and every vomit often brings up the same matter; While at the same time the too frequent use of Emetics weakens the Tone of the Stomach and aggravates the disease it was intended to Cure -

The second Symptom referred to this Indication was Acidity - Notwithstanding what has been just now said, I have formerly explained how this may be the consequence of the weakness of the Stomach, and a Cause of aggravating the disease - This consequence is founded more on Facts than on Reasoning. But it is also founded on reasoning, from the Effects of the Acids on the Lips, if they here act as astringents and make the Lips pale, &c, they will diminish the Tone of the Stomach when taken into it, and, no doubt, have often been found Sedative - But acids have also a Stimulant quality joined with their Sedative power; and this leads me to observe that it is rather from other
 Cir

[Faint, illegible handwriting, likely bleed-through from the reverse side of the page.]

Circum
Red off
afflict
from
afflict
in Bo
scat
-triat
affl
bur
-phe
posting
practi
-ce
-cary
Quart
A you
Dyng
only
the
and
me
*Bo

Circumstances than from prevailing Acidity alone, that the bad effects of this arise - It is observed that it is rather the effects of Acidity ~~in~~ ⁱⁿ the state of Fermentation than from Ferments and themselves - If Vinegar has these effects, they may be deduced from its little Perfection, as Boerhaave found it* I doubt whether Acid has this sedative effect so much as the mephitic air which is ex-
tricated during Fermentation - This has certainly a sedative effect on our System - But this does not much affect our Consideration of the disease; and as acidity and Me-
phtic air go hand in hand, we may take it on the footing of prevailing Acidity - It is to be avoided in practice by avoiding all ascescent diet, and employing animal food - In the cure of dyspepsia there is nothing more ne-
cessary than to avoid every kind of ascescent food; a small quantity of which I have often seen produce this disorder. A young Lady had long be troubled with Complaints of Dyspepsia - By my direction she avoid all Vegetables, and used only bread with the lightest animal food, and she was free from her disorder for more than a year before the accident I am to relate happened - I was by accident one Evening at supper in large Company where she was present

* Boerhaave found Vinegar to be much in the state of wine.

present - a Pudding, adorned with Orange Chips, was set down by her - One of these Chips she took, notwithstanding I forbade her; but before I arose from supper she sent for me - I found her with a violent pain in her stomach, even more severe than she had ever had - I know several instances of this kind - yet this is commonly pushed too far, by avoiding Vegetables altogether for a considerable time - animal food alone is hurtful to the body - and I have seen a perfect Sea Scurvy induced by feeding entirely on animal food - The Balance of our System is always more delicate in proportion to its fullness, and in this way animal food often exposes to diseases, chiefly in weak constitutions - From these considerations I would advise every person of a weak stomach, to eat as much Vegetable as possible - The Oaten bread been blamed for its Acidity, but Wheat will have the same effect if unfermented - and if the Oat be well fermented it will tend no more to acidity than the wheat.

Olera and fruit are much more noxious here than the Farinacea - There are some persons in whom the smallest quantity of Vegetable food will have bad effects - But there are few Cases of Dyspepsia in which the System is not at different times able more
or

[Faint, illegible handwriting in a cursive script, likely from the 18th or 19th century. The text is written in a single column across the page.]

or left
also a
I know
Roman
she he
-lex
had
under
a jilt
know
the p
class
any
m
tine
vig
m
ou
P
ing
avi
Lig

or less to bear Aids - Some persons are never trou-
 bled with Aids, but in consequence of some excess.
 I know a Case where from her own Confession a
 Woman never was troubled with Dyspepsia, unless when
 she had been guilty of excess, and that too of a particu-
 -lar kind, excess of Venery - I know in myself, who
 have the misfortune of a weak Stomach, at present,
 under the Fatigue of Lecturing &c, could not drink
 a jill of Claret without exciting vomiting - But I
 know that a month hence, when I shall free from
 this fatigue, I shall be able to drink a pint of
 Claret - Even now I could drink Madeira without
 any such effect - Or if I were to travel 20 or 30
 miles I could drink - We should take the oppor-
 tunity of these times when the Stomach is most
 vigorous to introduce as much Vegetable food
 as may be taken with safety; and every person
 ought to attend much to his own Constitution and
 its different states at different times - In avoid-
 -ing aulent food we are more specially to
 avoid all unfermented, and, still more, fermenting
 Liquors - all Wines not well fermented, and that
 have

have still any saccharine matter involved, have a bad effect; and therefore in the choice of Wines, Well fermented ones should be preferred - Old Claret agrees better with me than the new - Dyspeptic People should always avoid Malt Liquors, because they are never so perfectly fermented as Wines - It is said that Porter is ~~to be~~ excepted, and it is true, because it not only contains much bitter, but also because the best Porter is the most fermented - Vinegar is no so mischievous as vinous Liquors - However all such liquors are precarious, and to be used with Caution - Therefore nothing is more common than their bad effects in Dyspeptic people, and generally on that account they drink water alone; but some from habit are obliged to mix spirit with it, and with Propriety, though this habit is attended with Effects almost equally pernicious, as the necessity of having constant recourse to spirit's encreases, which is little better than ~~Drum-~~drinking - When acidity is present it is to be corrected, as it is always encreasing the Fermentation - It is corrected by Absorbents, Alkaline Salts, Lime water, and Soap

Absorbents and Soap have this advantage, that they

they will not introduce any acrimony into the System but in proportion to the acid they meet; and when this is not present, they pass off with the feces; and therefore are safer in Children and Infants, where alkalies might induce a hurtful acrimony - Soap acts also as an Absorbent; but it contains a Salt, by which it proves a Laxative, and thus, to those who can bear it, has a particular advantage. Magnesia has the advantage both of absorbents and Soap, and is perhaps preferable to either - Alkalies may be useful, but the Caustic are rather to be preferred to the mild - Hence the use of Lime-water - But this is not easily explained - Perhaps the Caustic alkali is more readily applied to the acid than the mild - Homberg found long ago a proof of this, by observing that upon the first application of a Caustic and mild alkali to an acid, there was no effervescence - Perhaps also the Caustic more readily dissolves the Mucus, and therefore more readily applied to the acid - Besides this, I have said that Mephitic air is often generated in the Stomach morbidly - It may be absorbing this mephitic air that Caustic alkalies are preferable -

Our third Symptom is Costiveness, which implies a slower action of the whole intestinal Canal, and

and a longer retention, and thus an increased Acidity of the Aliments - As increased action above is commonly communicated below, and vice versa, I deduce also that diminished action will be communicated above, and vice versa. Hence Costiveness, however induced, will aggravate the symptoms of dyspepsia - and hence the use of a regular belly in this disease - But Purgatives are always improper, as they leave an atony and affriktion in consequence of evacuation, and also give occasion to Flatulency -

The Cure of Dyspepsia depends upon the several means of strengthening the Tone of Stomach, and this should be our ~~fundamental~~ Indication, though not properly the first - It requires some Time to be fulfilled, and in the mean while it is necessary to avoid remote Causes, and to correct the Symptoms that aggravate the disease, Indigestion, Acidity, and Costiveness - of the first two we have already treated. The last is not only a symptom of the weaker action of the Stomach and of the whole alimentary Canal; but it likewise occasions a longer Retention, and thereby favours indigestion and the production of Acidity. Besides it is reasonable to suppose that atonia

tonia in some part of the alimentary canal will have its effect on the parts above, as well as on those below; and therefore it is of importance to keep a regular belly - But Purgatives are hurtful, except in a very few cases, and are never proper for keeping the belly regular. The reason of this is doubtful; but it is well known that after the first effect they leave an atonia of the Intestines, and Constiveness, which our intention is to obviate only, and not to purge.

Therefore the first Indication is to obviate Constiveness by Diet, so as to avoid habitual Stimuli. With regard to this, there is an immense difference in different Persons. Water generally increases constiveness, while fermented Liquors open the Belly - But some persons are purged by red Wine, some by white, and some by Porter, &c. - I know some who are purged, but more made constive by Claret. Vegetables will prove constive to many, but Laxative to many more. Therefore it is only by the attention of every Person to his own diet that we keep the belly open in this way - But such diet is often to be taken only while the State of the disease admits of a considerable Latitude; when Vegetables and fermented Beer, for example, can be supported - But often this is impossible, and then we must have recourse to gentle Lax

Laxatives, such as Rud Fruct and Saccharine substances, as Manna. These are the nearest to Diet. But they are liable to generate Flatulency, as Olera.

We consider the Neutral Salts as being the next Laxatives in degree, but they come nearer to acrid Purgatives, and their dose is difficult to ascertain. Too small they do not operate at all, too great they operate too much. Not less than an Ounce of Glauber's Salt in many persons will induce four stools; a less quantity will induce none. Besides Neutral Salts certainly act as Sedatives on the Intestines. They generate Flatulency; and though they are not equally liable as other Purgatives to leave a stricture and softness, yet, if their operation be full, they do all. These objections extend also to the Acrid Purgatives. Their operation can scarce be limited. If twenty grains of Gallap are an ordinary dose, and operate four times, ten grains will not operate twice, nay nor once. While they operate more they leave a much greater Constriction.

The management then, of Softness by Purgatives is very difficult. Those, however, are the most proper that operate rather on the large intestines than on the small ones. But, a priori, we know none such, except Glisters; according nothing is more proper than Glisters.

Gliffon,
on the
day at
medicin-
-final
a post
the au
Doe
Line
the
attendo
-cept
it on
great
-ence
and
Poly
called
canne
A re
A a

Glisters ~~pro tempore~~ ^{but not because} they operate only on the great Guts their effect is not constant. Besides they are disagreeable and inconvenient. We want a medicine that shall stimulate a little the whole Intestinal Canal, but particularly the great guts. Aloes, ~~ex~~ a posteriori, has been found such. It operates particularly the action of the great Guts. Aloes in the smallest Dose often operates as much as it would in a larger one. Five grains will often operate as much as twenty; and the difference of the Dose, with very few exceptions, is attended with no great difference in the Operation, except in the Gripes. This makes me believe that it operates chiefly on the great Guts; and hence its great use through all Europe.

As for the Forms of it, I can say from Experience that its diffunion in Soap, Extract of Gentian, and the addition of some Saline matter, such as Sal Polychrestum, is best. Then form what in Scotland is called Anderson's Pill; but whether the same or not I cannot say, but are fully as useful.

Another mild Purgative, which I know not what to refer to, is Sulphur - This in flowers, or reduced to a fine powder, will be a good Laxative and rarely ^{ever}

over Purgative; and is particularly fitted here to Obviate Costiveness - Whether, as Ales, it operates chiefly on the great Guts, I cannot say - But in the Piles it proves a most useful Laxative - But it requires a bulky Dose, commonly half a drachm, which lies heavy on weak Stomachs, and is disagreeable to the Patient - It is proper chiefly when Dyspepsia is combined with Hemorrhoids, where Ales would be improper -

Oleum Ricini or *Palmo Christi* is a very useful Laxative, and will Operate in a small Dose, obviating Costiveness with very little Purgings, and without leaving the same striction that other Purgatives do - From all my Experience of it, which is but little, I can very much recommend it - But it must be pronounced further - This is all that I think proper to offer upon these three Symptoms, though I might have added a fourth, viz, *Dejection of Spirit* which is very frequent - But this will more properly be considered under *Hypochondriasis* -

III. We come now to our third Indication - To restore the Tone of the Stomach - This is answered by

1. Direct applications to the Stomach, ~~or,~~
2. Applications to the whole System.

The first are of two kinds,

Stem *Mint* or *Thyme* *Chard* is a common

- a. Simple Stimuli, which have no permanent effects.
 b. Tonics which have permanent effects.

Under the Stimuli we may mention Aromatics, which may be considered as simple Stimuli, which we learn from their obviating acidity and flatulency of the alimēta with which they are combined, as Condimenta - No doubt, then, they may be considered as Stimuli, and therefore, they excite the action of the Stomach; and thus they may cure Cardialgia and Gastrodynia - But further, they are Carminatives, producing Ructus and discharges of Wind, which is more difficult to explain - We might suppose that, as antispasmodics, they removed some spasm of the Cardia, which confined the Flatus - But there are some Aromatics, such as Peppermint water, which immediately produce the expulsion of Flatus - It is probable that this wind was in the stomach, but as they will have this effect on every one, it is not probable that they act by removing spasm at the Cardia - The Ructus is produced by an inverted motion of the Stomach, owing to some application to its upper sensible orifice; and it is natural to suppose the Carminatives, by their volatile parts, will be applied to that orifice and produce the inverted motion which forces it open and occasions Ructus -

B. Another Order of Stimuli are Salines,
 Aids

Acids and Neutrals - With regard to the former, we know from frequent Experience that they excite the action of the Stomach - Perhaps all Acids have this quality, but especially those that have undergone a perfect fermentation; as those which are fermenting generate Mephitic air - acids that are well fermented are remarkable for keeping that Fermentation - We employ commonly the Vitriolic, combined with Aromatics in Elixirs Vitrioli - But it is the acid only which operates - The quantity of aromatics is too small to render the medicine agreeable, and by changing it for the Simple Spirit of Vitriol I have made it often more manageable with as good effects - Mariatic acid has often been employed, though the present Practitioners take little notice of it - We are not confined to Lippil Acids - and nothing has been found better to excite the action of the Stomach than Distilled Vegetable acid incapable of Fermentation. Forty years ago Tar water was employed almost in all families; and it is surprising after so many facts related of its good Effects it should now be so much neglected - Certainly those Testimonies were not all accurate and just, though given de bon Foi - But supposing that many of them were false, yet there is a foundation for Truth, but then it is very confined, and particularly to Dyspepsia, or

dyspepsia

diseases depending on Dyspepsia - But accurately examined and considered, it appears to cure Dyspepsia by exciting the action of the stomach; and it does this by its combination with Vegetable distilled acid -

Tar water is made by a kind of Distillation of the Vegetable acid, which gives an Oil and in proportion as the Oil is drained from its acid it is better for the artist - Hence a bounty has been offered on Tar that is most free from acid - But it is the worse for medical use - and the Tar of Norway, which has more acid, is much better - Mr Reid by many Experiments with Tar in medicine, has found that the distilled acid freed from its Oil has as good effect as the Infusion - I have gone further, and have many times repeated the Distillation of the acid, to free it better from the oil; and by that means got as good, and a much more convenient, Medicine for the Dyspepsia than the best Tar -

Neutral Salts as well as acids are stimulants to the Stomach - But this quality more especially belongs to the neutral forms of the muriatic acid. You will readily allow that Sea Salt ^{sodium} may have a stimulus extended to the Stomach - This a stimulus we have a natural appetite for, and no Nation

nation on earth dispenses with the use of it - As a remedy, its Stimulus on the Stomach frequently appears. I have often prevented a constant Vomiting by Sea Salt. all this is confirmed by a famous medicine, *Tinctura Aperitiva Mevii*, to be found in the Chemical Works of Hoffman - This is a combination of Mariatic acid with Salt of Tartar, but in a less proportion than to saturate the acid; and joined with the *Tinctura Rosarum* to make the taste agreeable - It acquired Mevius a great reputation - I have often tried it with good effect - Hoffman thinks it might be improved by employing the Volatile alkali - One of the best Stomachics I have found is a strong solution of Sea Salt, with a few drops of Mariatic Acid. Whether Acids, as Sedative, or even as Stimulant, constantly used may not do harm, is not determined - I know a person who every day takes much vitriolic acid before dinner - I think it is Probable that such a long use of Acids, either as sedative or Stimulant, may destroy the Tone of the Stomach - But I do not say this from Experience. it is only because I am of an Opinion that no powerful medicine can be long continued, without inducing a constant morbid state -

2. Tonics are of two kinds,

a. Bitters.

b. Chalybeates.

Bitters

Bitters - this article in our Pharmacopæia contains a great number of substances, but few in which it is not combined with some other quality - We shall begin with simple Bitter -

We have said the Cure of Dyspepsia is to be conducted

- I. By avoiding remote Causes.
- II. By correcting particular Symptoms.
- III. By restoring the Tone of the Stomach - This is the radical cure - and is answered
 1. By applications to the Stomach. &
 2. By Remedies applied to the whole System.

Particular applications are of two kinds

- A. Simple Stimuli.
- B. Tonics.

Of the former we have already spoken - The latter are of two kinds, Bitters and Chalybeates.

Bitters are of great variety, but not to be noticed, because they are not distinct - We may, however, distinguish.

1. Aromatic Bitters.
2. astringent Bitters. and
3. Simple Bitters -

Sim.

Butter the matter in our examination contains a
great number of important facts in which the
bird will make other mistakes. We shall have
nothing to do.

We have all the facts of experience in it we can

I. By examining the bird.

II. By examining the bird's behavior.

III. By examining the bird's voice.

1. By examining the bird's appearance.

2. By examining the bird's behavior.

3. By examining the bird's voice.

4. By examining the bird's appearance.

5. By examining the bird's behavior.

6. By examining the bird's voice.

7. By examining the bird's appearance.

8. By examining the bird's behavior.

9. By examining the bird's voice.

10. By examining the bird's appearance.

11. By examining the bird's behavior.

12. By examining the bird's voice.

Simple Bitters may be considered as stimulating and Purging - But perhaps nothing more than the Nausea they excite is necessary to do that - It is not evident that they act as Stimuli - But we know they act as Tonics and Strengtheners - In due quantity they will cure Intermittent fevers by their tonic and strengthening power on the fibres of the Stomach - If it is equally true that Bitters are always more effectual in the case of Intermittents when combined with astringents, we would say that thus combined they are better Tonics than simple Bitters - But we really do not know in practice the virtue of Bitters, because they are seldom employed in considerable quantity - If we had a more concentrated bitter, such as the Jesuits Bean, or Fraba Sancti Ignatii, it is probable it would act more effectually - Columba Root is probably also a strong bitter - The Fraba Sancti Ignatii cures in the dose of a few grains, but a larger dose is poison - Whether this does not ascertain the poisonous quality of bitters, as, besides, we know that they kill some Animals? - In short, whatever be their modus Operandi, it is probable that by length of Time they will prove hurtful - Portlands Powder, which has been employed in the Gout, is certainly a Bitter, and it certainly destroys the Tone of the System, and therefore bitters in general be employed with Caution -

Cha

Chalybeates. Iron, like other metals, is a Tonic; but is without the strong narcotic power of Lead, or the emetic or Stimulant power of Copper; and therefore it is a safe Tonic. But on this consideration, so far from having the bad effects attributed to it by the Stahlians (of suppressing natural evacuations), it is a weak remedy. However, I have sometimes seen it act as a Tonic, but slowly - as for the form, it is indifferent with regard to its tonic power, though not, perhaps, as a Formula - If I were to give a preference to any, it would be the mineral waters, as being more readily applied, and in a more saline state, and as combined with water, which fills the extreme vessels and excites the action of the stomach. We have in this Country several mineral waters equal in goodness to the Foreign ones, of the Spa in Germany - Hartfield Spa in this Country has as strong an Impregnation as any other, and contains more of the fix'd acid, which renders it capable of Transportation - But on account of their wanting this advantage, foreign waters before they arrive here are often inert and even putrid - It is true that they are impregnated with the Volatile Citric acid and Mephitic air, which escape by Transportation. Whether this be an advantage or not, I shall not pretend to determine - But I have seen better effects from Hartfield

- full

[The text in this block is extremely faint and illegible due to extreme fading or bleed-through from the reverse side.]

Harffell water than from foreign ones

Remedies acting on the whole System.

- a. ^{Exercise} strengthens the whole System, but especially the Extreme Vessels, and of consequence the Stomach - Hence constant, moderate Exercise is certainly a means of curing dyspnoea - Labouring people are free from this disease - Bodily exercise cannot be constant to those people who are not accustomed to it; and therefore can hardly expect any advantage from Prescribing it, as they will exercise only by fits, and then violently - But frequent walking in cool air is a good remedy - and I have cured some of Dyspnoea by engaging them in the study of Botany; as that obliged them to go to the fields in the morning - Some have been cured by understating the Management of their own Farms - Here the attention of the mind had its use, and the frequent exercise in cool air a greater - With regard to the means of exercise, if constant and moderate they are all useful - If temporary and violent they are hurtful - Cricket is inferior to Golf - But the best Exercise is that of ^{Exercise} Jostation - I have explained how acts by exciting the action of the Extreme vessels, and there the action of those of the Stomach - Riding on Horseback is a capital remedy; because it is in the free air, because it is combined with bodily action, and

and because it occupies the mind, so as to prevent any long studied train of thought, for which there is full leisure in a coach -

B. Cold - Cold air is necessary to the animal Economy, and therefore Exercise in the cold air, and even cold air, are very useful - Shaking promotes Perspiration, as Boerhaave alleges; and by thus exciting the action of the extreme vessels, it acts in the same way on the fibres of the Stomach - Loitering in a warm Chamber is always hurtful, and I ought to have mentioned this as inducing Dyspepsia, when speaking of the Remote Causes - Cold drink, in the first Stages of the disease, is also useful - When there are morsus Ventriculi, Gastrodynia, or a spasmodic state of the Stomach, warm drinks may give immediate relief, though they act as relaxants, and finally make the disease worse - In the Application of cold, the cold bath has remarkable effect. It certainly strengthens the system, and excites the action of the extreme Vessels; for it enables them to support the Viscifitudes of cold very well, that are otherwise subject to Catarrhs and Colds -

This is the Cure of the Idiopathici Dyspepsia

Dyspepsia; but it might also be useful to treat the Symptomatic - But I have already treated of the diseases in which it occurs, and shall have occasion to treat it in some others - It would be bringing the management of all medicine under the article of dyspepsia, were we to treat all symptomatic dyspepsias here - It may be expected also that I shall treat of the particular symptoms to be relieved, as well as the general Cure, and treat, for example, with Dr Whitt of Convulsions, Diabetes, asthma, Palpitations, &c. But all these are concurrence of other diseases, of which Dyspepsia is only a Symptom - In this way we should give a complete Treatise of the Nervous diseases in general, which in a Course of Practice come better under their several Titles - yet it will be useful to treat of the particular Symptoms of Dyspepsia, that may sometimes require particular treatment different from the general -

1. Anorexia - This requires no such particular and distinct treatment.
2. Nausea and Vomitus - If moderate they require no particular remedy - But if of the Spasmodic and violent kind, they require Opium -
3. Inflation, Ructus, &c - These are to be relieved by
Gas

...but it might also be useful to read the paper
...that I have already made of the ...
...and that I have ...
...It would be ...
...under the ...
...It may be ...
...that ...
...as the ...
...that of ...
...that ...
...Hypocrite is ...
...one a ...
...that in a ...
...but it ...
...-also ...
...particular ...
...the ...
...that ...
...the ...
...the ...
...the ...
...the ...

Carminatives or Antispasmodics.

4. Cardialgia from prevailing acidity is to be cured by Absorbents and Aromatics, and frequently also by Demulcents, chiefly the Extract of Liquorice, which I forgot to mention before - How this operates I am at a loss; but as a Demulcent I think it may operate in two ways.

a. By supplying mucus, as we have seen in Catarrh - May it not operate in the same way, not only on the Ton of the Pharynx, but also along the Oesophagus and Cardia?

b. By inviscating Acidity -

This may be said simply, or combined with Gum Arabic - another Demulcent is Milk - and has the power of curdling Milk, in a manner we do not well understand; but milk will cover the acid pro tempore, and thus give immediate relief in the Heartburn -

5. Gastrodynia - This is a Spasmodic affection, and to be cured, therefore, by Aromatics or Opiates - In what manner Aromatics and Stimulants, exciting the Peristaltic motion, remove the Spasm, I need not explain - In the next place we depend on Opium in such Cases, as the best remedy - But the several Antispasmodics may also be employed, as Volatile alkali, Ether, and Musk - These upon occasion have been found useful, as Antispasmodics and as Carminatives; but when the Pain is severe we are obliged to have recourse to Opium, the principal antispasmodic - a Remedy more commonly employed which

Com

Constitution of the Republic

1. The Constitution is the basis of the government. It is the supreme law of the land. It is the law that governs the government. It is the law that governs the people. It is the law that governs the world.

2. The Constitution is the basis of the government. It is the supreme law of the land. It is the law that governs the government. It is the law that governs the people. It is the law that governs the world.

3. The Constitution is the basis of the government. It is the supreme law of the land. It is the law that governs the government. It is the law that governs the people. It is the law that governs the world.

4. The Constitution is the basis of the government. It is the supreme law of the land. It is the law that governs the government. It is the law that governs the people. It is the law that governs the world.

5. The Constitution is the basis of the government. It is the supreme law of the land. It is the law that governs the government. It is the law that governs the people. It is the law that governs the world.

combines a Stimulant and Narcotic power, is Brandy. But I cannot too often repeat that it is very liable to become habitual, and therefore it should be avoided when not necessary - Both it and Opium, as Stimulents and Narcotics, must by time wear out the Stomach of the stomach, and that general tendency, notwithstanding a few exceptions, is a matter of Demonstration - This caution is all that is necessary in the management of Opium - Ales I have spoke of sufficiently

6. *Alvus Constipatio*. I have nothing to add to what was said of this before - - This finishes our Long consideration of Dyspepsia, and are now to proceed to our next Genus.

Gen. XLV. *Hypochondriasis*.

In Clinical Lectures formerly, and in a former Course of Practice, I delivered under this Title the Doctrine just delivered on Dyspepsia - No wonder then that it appeared a very large subject - But now, as we have limited it, "*Dyspepsia in Temperamento melancholico, cum Langore, Torpore, metu, et moestitia*," it must necessarily be short -

As for the Explanation of this, I have commented enough

enough on the Term Dyspepsia - Therefore the only part
 of the Character that requires attention, is the Symptoms
 Languor, Torpor, Metus, & Moestitia, which express
 an affection of the mind frequently accompanying Dyspep-
 sia, but put under this title to throw more simplicity
 on the Characters - They may attend Dyspepsia, but are
 inseparable from Hypochondriasis - This might lead us
 to various enquiries concerning the connexion between
 the body and mind; but these would be more curious than
 useful, and are therefore now to be avoided - I can say shortly
 that from every view of the animal Economy, it ap-
 pears that there is a Tone of the Mind mutually cor-
 responding with a Tone of the Body, and producing each
 other - To illustrate this I will not quote a ~~Physical~~ writer,
 but shall read Shakespear to you - I will not advise
 you to read Shakespear, as Sydenham advised a young
 Physician to read Don Quixote, as absolutely necessa-
 ry to the study of Physic - But if you don't like to
 read Shakespear you will make but bad Physicians, as
 he has expressed Nature much better than most Physicians.
 I take the Scene in his Julius Caesar, where Cassius
 opens his mind to Brutus - To prove himself equal to Caesar
 he gives an account of their Bodily strength, of their Exerise,
 and

272
every one of the same opinion. Therefore the copy
of the character that appears in the
Lancet paper, Letter of Dr. Williams, that appears
an extract of the same, is accompanied by
it, but not under the title of Letter, but as
on the character. It may still be said, but we
inferable from Hypochondriasis. The next day
it was again reviewed, concerning the comparison between
the body and mind, but this could be more easily than
understanded, and the therefore now it is revised. I am very sorry
that from every view of the General, it ap-
pears that there is a loss of the General, it ap-
pearing with a loss of the Body, and understanding
that it is impossible that the Body and Mind are
but that the Body and Mind are not the same.
You & your Letter, as Williams reviewed a young
physician & now Dr. Williams, in Williams review
of the Letter of Williams. But if you doubt like
that Williams you will make but a physician, as
it is impossible that Williams could be a physician.
I take the Letter of Williams to be a physician,
as it is impossible that Williams could be a physician,
as it is impossible that Williams could be a physician.

and of their swimming together - and then says,

"He had a fever when he was in Spain,
"And when

Now this is ingenious and artful in Shakespear, but there is a deception, and the reasoning is false; for it is possible that the Mind which Lucan compares to Thunder might in a state of sickness make him say, "like a Love-sick Girl, give me some drink Titinius." It only shows that in sickness, the greatest Spirit may be affected with Digection, and how far the body is connected with the mind, and that from atonia of the body all the symptoms of objection of the mind, Fear, despair, &c may follow - It is easy to say, what has been said from Galen to Hoffman, "Temperamentum animi Temperamentum corporis requiritur." But Why a rigid or dry fibre, and a Ballane prematurely thrown on the Nervous System, are connected with a melancholic Temperament of the mind, is not easy to know - It is this Temperament of the body that distinguishes Hypochondriasis from Dyspepsia, which more commonly occurs in Lax and Sanguineous habits - But observe further, that

in

in all the Cases of Dyspnoea already mentioned, except perhaps, the Dyspnoea Paralytica, which may be supposed to depend on the State of the Brain, chiefly affecting the Origin and Extremities of the Nerves, the Affection begins in the Stomach, and is from thence sometimes communicated to the Sensorium - Whereas the Hypochondriasis always begins in the Sensorium, and is always communicated to the Stomach; and hence it ends so commonly in the Melancholia Mania, Apoplexia, and other diseases of the Sensorium Commune - This is all that is necessary to say on the Pathology of Hypochondriasis, and is sufficient to direct us to the method of Cure.

In Dyspnoea we said that the first Indication was to avoid remote Causes - But there are here some distinctions to be made - In Dyspnoea we were to avoid Indolence of mind, but in Cases of Hypochondriasis the mind is closely intent on a particular Subject; and the most elaborate Researches have been pushed chiefly by Persons of a Hypochondriacal Temperament - Therefore we must endeavour to divert them from that close attention to a particular object, than which Indolence of mind is far preferable - Indolence of Body is also to be avoided in Dyspnoea, but in Hypochondriasis, though Gestation may

may sometimes be useful, yet all kinds of Bodily Exercise, if designed to strengthen the muscular Fibres, and increase their Tone, they being already too rigid, are improper - There are not more deplorable Objects than Hypochondriacal persons constantly employed in Labour - Whereas a state of Ease and Indolence is the best for their health -

The Luxuries of high Life, however, Tea, Coffee, Tobacco, and other Narcotics - Excess of Venery, and every degree of Intoxication, are as much to be avoided in Hypochondriasis as in Dyspepsia - Cold and moist-ture are here to be avoided, though in Hypochondriasis there is no loss of Tone, but only Torpor; and though the inhabitants of warm Climates, from the dryness of their fibres, are more subject to Hypochondriasis than those of Cold Climates, yet Hypochondriacal people are particularly relieved by warm Climates and Seasons.

The second Indication in Dyspepsia was, To correct the Symptoms aggravating the disease, viz, Indigestion, Acidity, and Costiveness - This is also proper in Hypochondriasis -

To prevent Indigestion, Vomiting, by exciting the action of the Stomach, may be useful in both diseases -

disease - But as in Hypochondriasis the weakness is rather in the state of the brain, this will be of less use there -

The means of correcting ~~anxiety~~ ^{anxiety} are the same here as in Dyspepsia -

As to Costiveness, it is most frequent in the female Sex, but much more remarkable in hypochondriac men, in whom chiefly all the examples of extreme costiveness occur; and therefore it is more necessary to remove it here than in Dyspepsia - so long as the symptoms of acidity are not present, and before the disease has arrived to a considerable height, all ~~laxatives~~ ^{ascetics} are useful Laxatives in Hypochondriasis, though improper in Dyspepsia - The same may be said of the ~~Neutral Salts~~ ^{Neutral Salts}, which, from the rigid fibre, are not so constantly apt to leave attraction here - and hence hypochondriacal people have been greatly relieved by the constant use of them - a good one is the ~~Soluble Tartar~~ ^{Soluble Tartar}; at least in cases of Melancholia and Mania, so allied to Hypochondriasis, it has been found useful - Thus far the treatment, ~~however~~ ^{however}, agrees with the method laid down when speaking of Dyspepsia, as to avoiding remote causes, and obviating particular symptoms -

But

But with regard to the third Indication the difficulty is more considerable, and the difference greater, viz, restoring the Tone of the Stomach - as the fibres are already too rigid, all those Tonics that were employed with so much advantage in Dyspepsia are here superfluous, there being no natural loss of Tone - They may, however, be of service by their Stimulus - But with regard to proper Tonics, Bitters and Chalybeates, they are of little use, and actually do harm - No doubt by their Stimulus they may be useful; but considering their Tonic power, and the too great disposition of the system to an increased tone already prevailing in Hypochondriasis, it must appear that will necessarily aggravate the disease - Instead of Tonics in Hypochondriasis, Relaxants, both external and Internal, are remarkable useful - I know many Hypochondriacs, who are greatly relieved by much warm water, impregnated with Tea; many of whom have taken it in prodigious quantities for twenty or thirty years with impunity at least, if not with advantage, while, on the contrary, it is very pernicious in sanguine Temperaments -

Exercise, so far as it promotes perspiration, is of remarkable service in Hypochondriasis - SANCHEZ observed that a free perspiration was attended with cheerfulness, and that oppressed respiration, on the contrary, was

was attended with digestion - Therefore so far as Gustation will promote Perspiration, it may be very useful - But it must be confined to Gustation; constant bodily exercise, tending rather to make the Fibres rigid, will aggravate the disease - The same may be said of Cold Bathing - I know persons who have induced on their Systems artificial rigidity by its use - It diminishes Plumpness - at the same time it may, as a stimulant, be useful - But as I know from Experience that it is by no means successful in Hypochondriasis, though it may be in Dyspepsia - I would therefore avoid it - In this way I would vary the management of Dyspepsia and Hypochondriasis - I have still something to add with regard to the principal symptom of Hypochondriasis, though it be likewise common sometimes in Dyspepsia - Viz, Dejection or Low Spirits - This might have been taken among the symptoms of Dyspepsia, as aggravating the disease, which it considerably encreases, as well as their effects. When, therefore, that tone of the mind takes place, as it is a Law of the animal Economy that we indulge our present passions, which therefore encrease themselves, it is the obviated.

1. By avoiding remote Causes acting directly on the mind

...with the ...
...the ...
...all ...
...home ...
...of ...
...him ...
...2 ...
...-a ...
...in ...
...un ...
...age ...
...vic ...
...ly ...
...then ...
...G ...
...mor ...
...Bu ...
...per ...
...tak ...
...Ab ...
...me ...
...say ...

mind, by inducing Sadness, Timidity, &c. - To obviate the effects of these the Patient must be removed from all subjects of Anxiety; and as these occur chiefly at home, he should be made to travel, and removed to such objects as will not engage the mind, or present subjects of anxiety - But remove him any where, rather than let him stay at home -

2. This state of mind is to be diverted from the usual train of thinking, and turned to Occupations in which it may be engaged without anxiety. To I have used persons by engaging them to Oversee the management of a Farm, an Occupation that affords variety and is but little engaging - But we commonly choose Amusements, which are useful in all their parts - Take care, however, that you do not mistake Gaming for Amusement - On the contrary, nothing more enervates the mind than the midst of Gaming. But variety is chiefly necessary - This advantage is particularly obtained by travelling - A man who takes his Exercise in the same way, where no new objects present themselves to him, will lose in a great measure the Benefit of the Exercise of the body, I say, is much inferior to Gestation - But a man
can

carried
no other
way, and
of this
induc
on the
it ad
diffic
which
being
there
among
on the
I am
the
take
it a
a de
-tion
-gene
-pen
and
-gar
Con

carried in his Chariot and Trusting to his Postilion has no attention to the variety of obstacles and Objects in the way, and therefore loses one of the principal advantages of Riding, as he may look in one Corner of the Carriage, indulging his own pleasing train of thought. Hence riding on horseback, which I before said was hurtful, may have its advantages. Here the management of the horse, the difficulty of every bad step, and the variety of new objects which are seen, prevent the mind from thought, and being often changed cause a variety of the mind, which is particularly useful. Driving a single horse-Chaise is also among the most useful Exercises. This is all I have to say on Hypochondriasis; and the management of Dejection of spirits leads me to speak a few words on Dr Whytt's Book. I am unwilling to criticise the works of my late Colleague. The Book with its faults has many excellencies. But take care in reading it. There is no such disorder in it as we have now been treating off. There is indeed a delicacy of the system, but not a word of the distinction of Hypochondriasis from Nervous Disease in general, or of those disorders of the stomach which depend on the atonic state of the sensorium or mind. and with regard to System, every thing is jumbled together, in an inextricable and undigested mass of Confusion.

Gen.

Gen. XLVI. Chlorosis.

According to the ordinary Idea of this disease, I say that its Character in different Nomenclature is a different history of it. Our Character is "Dyspepsia vel rei non esculentis desiderium; cutis pallor vel decoloratio; vena minus plena; corporis tumor mollis; asthenia; palpitatio; menstruum saepe retentio." - The Character here given is a sufficient history of the disease. The only difficulty that will arise to you is from the words ~~menstruum saepe retentio~~ - according to the common Idea, this disease is to be considered as absolutely inferable from a retention of the Menstruum. But,

1. after employing the Term Cachexia for the name of a Clap, I should not apply it to a particular Genus, which would have included the Cachexia of the moderns as a species - The state of the body is the same here as in Dyspepsia. "Cutis pallor vel decoloratio; vena minus plena;" &c. are as constant symptoms of the Cachexia as of the proper Chlorosis - But I am not here to speak of the Cachexia considered generally as a beginning Anasarca -

2. A more curious reason for this is, that Emansio menstruum, not as an universal symptom, would confine the

disease of the female Sex; whereas I have found the same in Boys and young men - "Hic non esculentis desiderium" I had a Student not many years ago who devoured many pounds of a stone which, in this Country, is called Rotten Rock, every day; as his teeth best manage it - I have had under my Care Boys eating Plaister of walls, &c like Chlorotic Girls; and several others such irregular appetites, depending on the same kind of Cause as Chlorosis -

But with regard to Chlorosis more particularly considered, the principal Circumstance there is evidently a want of red Blood; and hence anasarous Symptoms commonly occur - The want of red Blood, and probably of Coagulable Lymph too, cannot be imputed to want of nutritious Aliment, because this is likewise und - It is, then, to be imputed to a fault of the Chylopoietic Organs, or Hematopoietic functions, if any such there are as then lost; therefore we confine it to the Lymph, which brings us back to Dyspnoea; and by tracing it higher we find it depends on an atonia of the Uterus - From the want of red blood in the system, and perhaps also the want of Coagulable Lymph, you will understand how the fluids are suffered to run off in too great quantities.

Cure. I have here nothing to add to what was delivered when treating of the Amenorrhoea -

Cor.

Spa
 as w
 appe
 and
 con
 is r
 whe
 " = cu
 the
 Bur
 fibr
 -pro
 and
 -ten
 bly
 " = le
 The
 fir
 A
 -vac

Ord. III. Spasmi. —

By the Term

Spasmi the antients meant irregular motion, *Tetanus* as well as *Epilepsy*. But even the antients more strictly applied it muscular contraction without relaxation; and since the Moderns have distinguished Spasm from convulsions, the Term *Spasmus* to express this order is not, strictly speaking, so good - But we have defined it, which is sufficient - "*Musculorum vel Fibrarum muscularium motus abnormes.*" It is common to confine the notion of Spasm to Voluntary muscular motions - But I think it should be extended to every muscular fibre - Sauvages Character of Spasm is extremely improper, and inconsistent with his Genera *Palpitatio* and *Hysteria* - It was in order to point out this inconsistency that I formed my Character - Vogel has seen the Impropriety of Sauvages definition - His own is "*Solidorum mobilium Contractiones, vel agitationes.*" There is nothing more certain than that the Muscular fibres are *Solida mobilia* - But I leave to you to observe all these differences of Order between Sauvages, Linnaeus, and Vogel - Under the Term *motus*

Tus

motus abnormes I comprehend every Circumstance that is proternatural in the action of the muscular fibres, whether relative to the Cause or to the effect. But these Terms are more particularly applied, as specifying a peculiarity of the muscular action. While the muscles are under the power of the Will, if this be excited to an extreme degree of velocity, or Extension in the muscular Contractions it produces, we call these Convulsive motions, as well as when produced by other Causes. When the Contraction has a different effect from that produced by Nature, we call that also a morbid State, as when it forces the Cardia, Pylorus, Valves of the Colon, &c. Thus the perversion of the Peristaltic motion of the Alimentary Canal is a morbid State.

Lastly, as we find that every muscular Contraction naturally alternates with a state of Relaxation, and is at the same time more violent and permanent, we call it a Spasm; while all the rest of muscular Contractions we call more properly Convulsions. If we grant that there is such a distinction, it is not indifferent, as Gaubius observes, to mark it. Other Systematists have called Spasms "Convulsiones Tonici"; and Convulsions, "Convulsiones Clonici". This is the foundation of the Spasmi Tonici & Clonici of
La

Savauges; Of the Distinction of Vogel, "Contractiones
 vel agitationes"; and of the "Spasmi et agitationi" of
 Linnaeus. They have made different Orders of them
 according to that Distinction. It is true that Spasms
 are sometimes well distinguished from Convulsions;
 but often it is impossible to distinguish them -
 But we have found another distinction necessary,
 according as the functions that are attacked are ani-
 mal, vital or Natural - The title of the animal
 functions comprehends the Tetanus, which belongs
 to Spasm; and the Convulsio and Epilepsia, which
 belong to Convulsions -

As for the Theory of Spasm, it depends on
 the common Laws of the Nervous System, and I should
 wish to begin with a general Theory of these Laws, if
 I thought you properly prepared, either in Metaphysics
 or Physiology; or if I thought you more reticent, and
 myself prepared for it. Therefore I am to speak of
 Particular Genera - But instead of Beginning with
 Tetanus, I will begin with

Epilepsia, which contains all the dif-
 ferent forms of Convulsions - In entering upon the
 con

consideration of this, I must give some general Theory of
It

1. I suppose it demonstrated that muscular action depends on a *Vis Nervea*, some power communicated to the Muscles from the Nerves.
2. The *Vis Nervea* depends on a certain Energy of the Brain, obviously and directly active - The motions of our System are by no means in proportion to the Impression made on the extremities of the Nerves; But the motions communicated to the Nervous System, suffer in the brain different modifications, and may be there further excited and increased -
3. The action of the brain is exerted separately, and commonly determined by a certain Measure in degree, force, &c.

I will not enter into the disquisition concerning the number of actions that may be combined and performed by the human Soul, and whether it can attend to more than one at the same time - It is enough if we observe in general that every action is exerted separately - When the action of the brain is excited to an inordinate degree, Epilepsy ensues - What is it that makes the brain susceptible of separate action, or of combined extraordinary action, or in other words, what is the Proximate Cause

Cause of Epilepsy? I shall pass over this question. It is enough to examine the Remote Causes which induce that state of the brain, and we shall obtain from hence some indications of Cure.

Remote Causes are either Occasional or Predisponent, a distinction very well founded. When we see an Epilepsy induced by slight Causes, we suspect a Predisposition, and that these slight Causes are only occasional. Yet many Causes are neither occasional nor predisponent. If the point of a knife entering the brain, occasions an Epileptic fit, this is common to all mankind, and therefore is not an occasional, but a remote Cause only. But in most Cases the distinction applies very well in this disease, though in most others it is very improper. Before I proceed, I must observe that the brain is in different conditions for action, as appears by the different states of life and death, waking and sleeping, &c. To express these different Conditions, I employ the terms Excitement and Collapse; by which terms I mean to convey no Theory. Now I think it will be useful to consider the Remote Causes of Epilepsy, as increasing Excitement or increasing Collapse, marking the same time those which cannot be referred to an Increase

Increase of either of these different States.

Though the action of the brain depends immediately on Excitement, yet we know it may arise from Causes of Collapse. Among the occasional Causes of Epilepsia, those which depend on increased Excitement of the Brain may be referred to two heads,

I. Directly to the Brain itself.

II. To the rest of the system, and in consequence acting on the brain.

The first may be called Stimuli, and are to be referred to four heads.

1. Mechanical Stimuli.
2. Chemical and Stimuli.
3. Mental Irritations.
4. Irritation from the distention of the blood Vessels of the brain.

Mechanical Stimuli are all sharp pointed Bodies, impelled by external force into the brain, or so situated that the motion of the brain itself applied to them, has the same effect; there are of three kinds.

1. All wounding instruments applied from without.
2. Splinters of Bones in Fractures of the Skull, impelled

been one of action of the highest order.

Through the action of the brain there is more
activity on the left side than on the right side
of the brain. Among the various causes of
paralysis, those which act on the brain
of the brain may be referred to the brain.

I. Paralysis of the brain itself.

II. The influence of the system, and in consequence
on the brain.

The first may be called *primary*, and the second
secondary.

1. *Primary* - *Paralysis*
2. *Secondary* - *Paralysis*
3. *Paralysis* - *Paralysis*
4. *Paralysis* - *Paralysis*

Paralysis - *Paralysis*

1. *Paralysis* - *Paralysis*
2. *Paralysis* - *Paralysis*
3. *Paralysis* - *Paralysis*
4. *Paralysis* - *Paralysis*

impelled into the Brain -

d. Internal Exostoses or ossifications in the Membranes of the brain, which are sharp pointed - This might lead us to examine whether it is enough that they act on the Membranes, or on the Cortical, or on the Medullary part - But as it is certain that such causes induce Epilepsy, these questions do not influence our conclusions.

Chemical Stimuli from Acrimony, as in Abscesses and Effusions, frequently found by Dissections in Epileptic persons, and supposed to give the irritation occasioning the fits - But in many Cases it is more probable that the Cause which produced the Inflammation, the Cause of the abscess, should also produce the Epilepsy - But as this Case is generally incurable, the dispute is of no consequence -

Certain Mental Irritations, such as considerable Emotions and Passions of the mind, or several affections of the Intellectual Functions - I do not suppose it necessary to prove that the Will acts in the Brain, and that it is confined to something of a Sensorium commune, connected with the Origin of the Nerves - It is proper to consider all these violent mental Irritations

Irritations, whether they be causes of Exultement or Collapse, as inducing Epilepsy; but chiefly those that are Causes of Exultement, as Joy and Anger. Passions of the mind may be considered as acting on the Nervous System, with very little effect on the Sanguiferous; But many operate on the Sanguiferous system chiefly - Joy acts almost entirely on the Nervous system. Anger operates first on the nervous system, yet it produces Epilepsy from its action on the Sanguiferous, and occasioning a Turgescence in the Vessels of the Head - Under this head of mental Irritations, it is proper to mention Irritation of Epileptic fits - There are a number of Instances which shew how readily such motions are communicated from one person to another - This Irritation has been considered by many as an effect of horror, produced by the sight of the Convulsions and Contorsions of the face - But there is nothing more obvious than that this is not the whole -

Many motions rather ridiculous than horrid, will be communicated from one young person to another - Man, as Aristotle observes, is, an imitating animal - We know the power of imitation in yawning, laughing, and several other motions

motions - It is particularly to be observed in Epilepsy and other Convulsions - This influences our Practice - It infers that in order to produce some action or motion of the body, it is enough that the Idea of this motion or action be conceived in the mind - It is very possible that even during the absence of Epileptic persons, the Imagination alone renewing that Idea, may induce Epilepsy -

There are so many Instances of renewal of Ideas by association, that we cannot doubt of this - A Lady with Child had occasion to have a Gown enlarged, and as the Mantua Maker, who must fit on the Gown before she finishes it, was performing her Office, which obliged the Lady to stand for some time, the long standing, otherwise incapable of inducing sickness, now brought on a considerable degree of sickness - The business was deferred till the next Day, when the Mantua maker came again to try on the gown; - but before that could be done a sickness and vomiting came on, and the business was deferred. On the third Day the Mantua Maker came again; but now the sight of the same person and Gown brought on a sickness without standing - another Mantua maker and gown were provided, and the former process avoided - But

But the sight of the former gown, even in the closet, afterwards, immediately produced vomiting, till after her Delivery, and the predisposing Cause removed - Van Swieten mentions a Boy whose Epileptic fits were removed by the sight of the Dog, that, by leaping on him, had first induced them - I know many instances of dreams having the same Effect - And it of great consequence is added to this in Practice -

The fourth head of Causes is, Overdistention of the Vessels of the Brain - This one of the most frequent exciting Causes of Epilepsy, and is the most within the power of Art - From dissections of Epileptic persons the Vessels of the Brain are often found distended, as you may see in the *Historia Anatomica medica* of Linnæus - L. III. Cap. 48. Art. 236, 243. 252. This last is certainly to be considered as an distention of the Jugular Vein - 301. Hemorrhage of the nose - 431. To the same purpose, &c. -

I have begun by Epilepsy, because it is the Genus that best explains the other Spasmi * -

I

*. The Character of Epilepsia is, and the Order Spasmi (in "*Functionibus animalibus*") - "*Musculorum convulsio cum*"
 "opore" -

But the right of the former owner, even in the case of
afterwards, must be maintained, till after the fact
very, and the probability of some remedy, the law
must be a very thin shield, for the recovery of
the right of the dog, that, by clearing on this, I hope
induced them to show many instances of wrong doing
the same effect, and it of great consequence to add
to this in practice.

The present law of Game is, *Game Act 1831*
of the 4th of the 4th year. The one of the
provisions relating to Game of Quail, and a number
within the scope of the law, relation of the
removal the law of the Game, and the Game of
the, as you may see in the list of the Game, and
also of the Game, at the Game, at the Game, at the Game,
this law is certainly the confusion in an effort
to the Game, and the Game, and the Game, and the Game,
and the Game, and the Game, and the Game, and the Game.

Game again by the law, because it is the
Game that has explained the other Game.

* The character of the Game, and the Game, and the Game,
"The Game, and the Game, and the Game, and the Game, and the Game."

I have not entered farther into the Theory than is necessary to explain the general Phenomena—

Johannes Crato, the greatest man of the age in which he lived, and Attender of three successive Emperors, earnestly desired to live till he should hear a satisfactory Theory of Epilepsy—He, no man, died without the gratification of his Wish—And had he lived till this time, I fear he would not have been happier—We have, however, a Theory, but as it is not very satisfactory I will not take up your time with it.

To take another Course, we consider the evident Causes of it; a very necessary step—They are either occasional or Predisponent—

The Occasional are of two kinds

1. By increased Excitement.
2. By increased Collapse.

The first of these are of two kinds—

1. As acting directly on the Brain—
2. as acting on the whole System—

The former of these may be re-
ferred

1. Mel
 2. Chen
 3. Men
 of Ep
 power
 of the
 to Ep
 of Ed
 into
 should
 have
 motion
 fit of
 historic
 whether
 Will
 other;
 tion
 detection
 would
 even
 -mup

referred to your heads,

a. Mechanical Stimuli

b. Chemical Acrimony

c. Mental Irritation — and here I added Imitation of Epilepsy, taking occasion from hence to shew the power of the Ideas of the Mind to excite actions of the body; and pointing at the application of this to Epilepsy, by shewing the power of the association of Ideas to renew the disease. I forgot to enquire into the Nature of the Epilepsia Simulata, which should be considered here. No doubt some persons have the power of imitating the different Epileptic motions, or of bringing upon themselves a true fit of Epilepsy. Roman Catholics furnish many histories of this kind, as you may see in De Haen. Whether are these motions under the conduct of the Will entirely? — This supposition is as difficult as any other; for to the greatest part of mankind this imitation is utterly impossible. Hence the difficulty of detecting them. If they were always Conscious, they would be sensible to Impressions of Pain. But even the actual Caustic and other painful Impressions have been born by many, without giving

the least symptoms of pain, or alteration of condition - I think, then, this is to be explained by the power of the Imagination, by supposing that these people, by thus working on their Imagination, bring on themselves a real fit of Epilepsy - I don't know whether you have had any Experience to illustrate this - I have very narrowly escaped ~~from~~ falling down a Precipice - Immediately after I felt ~~certain~~ certain sensations, which however did not proceed to Epilepsy; but I had a violent shaking in so considerable a degree as to approach very near to Epilepsy - And even to this day, the sight of the place, and even recalling the idea of my former situation, will produce the same sensations and shaking, though in a less degree; for time has in some measure worn out the first impression - Therefore the power of the Imagination in Epilepsy is very much to be attended -

d. Turgescence and Overdistention of the vessels of the Brain - To illustrate this I said that in numerous dissections of Epileptic persons we find all the marks of distention and accumulation of blood in the vessels of the brain - See Lieutaud's Historia Anatomica Medica, Lib. III. C. 173. 236, 243. 272. 280. 301. 4, 81. -

To these Cases you may join many others, shewing
 are

previous Inflammation in the brain; and what amounts to the same, is a state of purulence of the Brain, which does not happen anywhere without previous Inflammation - Phrenitis is frequently accompanied with Epilepsy - Serous Effusions are often found in Epilepsy. On the subject of Apoplexy I distinguished Hemorrhagic and Hydroptic Effusions - In hydroptic Cases we cannot infer any previous accumulation, &c. - Epilepsy happens also, as we shall see by and by, in consequence of this - But when there are other marks of previous accumulation, these Serous Effusions concur to prove it -

As another proof, we may mention that, Epilepsy is often the consequence of Mania, headach, and Apoplexy, which often depend on previous accumulation - Every occasional Cause of Turgescency of the blood, is an occasional Cause of Epilepsy - Thus anger probably operates in this way, as we judge from the suffusion of the face that accompanies it - The heat of the Sun, or of a warm Chamber, violent Exercise, Surfeit, and Intoxication, are all Causes of Turgescency, and may bring on Epilepsy.

There is one other difficulty, viz, to explain the

the Influence which the heavenly bodies, the Changes of the Moon, the Time of the Tides, &c. often have here - The Theory of Dr Mead upon this, is by no means satisfactory - How heavenly Bodies operate I won't say, but I think it is often by inducing Furgescency in the brain - But how does Overdistention induce Epilepsy? I cannot say - Considering Overdistention only as a cause of too great Excitement, and that a due distention is the chief support of Excitement, I think it may be ranked among Causes of increased Excitement - But Theory is not necessary here -

Come now to Causes operating on the brain, through the intervention of other parts of the body.

1. All strong sensations, whether from the nature of the Impression, or from the particular sensibility and Idiosyncrasy of the part affected, may bring on Epilepsy - Thus exquisite Pleasure and acute pain - But sensations of Colour, Tone, and of Figure, which do not depend upon the Intensity of the Impression, do not produce Epilepsy, except by association. Those only of Light, Noise, Odours, and Taste, and acute feeling, which may depend on the Intensity of the Impression, by bringing
great

great pain, may bring on Epilepsy - Strong Sensations prove Causes of Epilepsy, chiefly when surprising, unforeseen, and unexpected -

Without entering into Theory I will give a hint & explain this - The action of the brain, with regard to its force, order, and velocity of succession, admits of a certain Latitude, its action being sometimes greater sometimes less, but with Limits which, sometimes, are very narrow, in so much that if the will offers to perform any action in an unusual degree, it readily loses its command, and its motions become confused, irregular, and excessive - all this applies easily - Whatever sensations go beyond the Tenour of the brain, will excite its action & excess - There is a peculiarity of Expression that has a particular effect in that way - Impression of Titillation produce frequent and repeated Oscillations, inducing painful or voluptuous convulsions, and sometimes both, which may be carried to the Length of Death. It has been referred to the head of exquisite pleasure - But in former Cases it has been painful; and if it affects the mind with pleasure it is by the frequent Oscillations it induces - There are certain Impressions upon Operations are obscure, because they are attended with no

Sun

sensation or Consciousness - Such is the effect of Calculi. In Liutaud you find the Dissection of a Person who had been Epileptic, in whom nothing more than a stone in the Pelvis of the Uterus was found, which stone was quoted as the Cause of the Disease - Van Swieten says that the Conclusion was not just, because in many Cases of Epilepsy we see, on dissection, no evident Cause of the Disease; and the Stone might be accidental - But he relates that he knew a person delivered from Epilepsy, upon passing a Calculus, not previously felt in the urinary passages, which decides the question - In this way several Impressions operate - Thus Worms sometimes excite Sensations, and give indications of their presence - But often they give none - and I know many Cases in which they were the Causes of Epilepsy, and were not known to be so till they were expelled -

To then I would join that of Acrimony in Abscesses, Acidities in the Primæ Viæ, &c. - No doubt Epilepsy on the Eruption of the small pox may arise from Acrimony in Blood - as these Causes may operate without Sensation, their modus operandi must be difficult - Many of them act

as

as Acid and direct Stimuli - But at the same time it is probable that many of them act as Sedatives by inducing Collapse; which will appear more probable hereafter - But there is another Ambiguous Case, viz. suppressed Erections, or Old Ulcers dried - There is no doubt of the Fact, but of the Modus Operandi - When it is a suppression of the Hemorrhoids, Menstr, &c, it may, no doubt, act by inducing Plethora, and thus belong to Cases of over-distention of the Vessels of the brain. Even in the case of old Ulcers, if the excretion was coagulable Lymph, the suppression of it may also induce Plethora and Over-distention of the brain. But with regard to the repulsion of ~~Chaptrons~~ ~~Chaptrons~~ and Ulcers ~~which~~ discharged little, they operate in another way, often no doubt by an acrimony, as a direct Stimulus. But another remarkable effect of them is, that they induce dropsy - and certainly they do this by a Sedative power - To account for such an effect, it is enough to suppose a translocation of atonia, from those parts where the discharge has become necessary, to the Brain -

I have spoken of the several Causes of Epilepsy that may be supposed to act by increasing Excitement, or in ambiguous Cases may be referred to this head. I

as they are not... it is probable that many of them... in the... of the fact, but... them it is a... it may, in fact, be... because of... order, but in the... then, was... may also... that with... it is... after we... that another... in the... above to... upon a... the... have... that may be... in the...

There is... that may be... in the...

Some... may a... Ham... ing... ply... Sam... a... not... tion... to qu... The... of im... entin... I wou... child... time... I dis... by my... in... *

I come now to those which operate by inducing collapse -

That the powers which induce Exultement may also induce Collapse, has been confirmed by Examples, to which you may add, these -

1. Hemorrhages sometimes induce Epilepsy, and by inducing Collapse; for they terminate in Syncope, Apoplexia, &c, - and after Collapse a Reaction - The same causes of Syncope and Apoplexy are causes of Epilepsy upon occasion - Why in some Cases of Collapse a reaction ensues, is difficult to say - But it does not affect the question -

2. The passion of Fear, or rather Terror, from an object of immediate and great evil, suddenly occurs - Without entering into the history of the human mind and its passions, I would observe that every case of uncertainty gives Fear. Children, before they have acquired Experience, are frightened in the Dark* - But Objects of fear chiefly act, if disagreeable, and even if unusual and strong when suddenly presented - almost every person will start at the noise of a cannon - In persons of extreme sensibility ^{the}

* The signs of fear which young Children discover, when left in the dark, are commonly attributed to imaginary Causes - Fear arises only from a consciousness of danger - But before Children have acquired Experience to prove the non-existence of the Bugbears of their Mothers and Nannies, they are frightened in the dark when alone. B

I have now to thank you for the copy of
- copy -

that the present volume contains
very nice indeed College, has been very much
improved, & which you may see there.

1. The manuscript contains many things, and is
very valuable, for the present volume is
physical, & the College is the same. The
basis of the manuscript and the basis of the
present volume. The manuscript is the same
as the present volume, & the present volume
is the same as the manuscript.

2. The manuscript is the same as the present
volume, & the present volume is the same
as the manuscript. The manuscript is the
same as the present volume, & the present
volume is the same as the manuscript. The
manuscript is the same as the present
volume, & the present volume is the same
as the manuscript.

* The manuscript is the same as the present
volume, & the present volume is the same
as the manuscript. The manuscript is the
same as the present volume, & the present
volume is the same as the manuscript.

the falling of a Rocker will have the same effect, and may induce Epilepsy - Fear, according to kind and degree, operates very differently - No doubt it is generally as a sedative power - But if more constant and moderate, it has a tonic power, and may cure convulsive motions, hiccoughs, Intermittent fevers, &c - Its sedative power is sufficiently evident from its effects when in an higher degree, by producing Apoplexy, Palsy, Syncope, and even death itself, when it is without reaction; but when with reaction, it induces Tremor, Convulsions, and Epilepsy - So far its operation seems very purely on the Nervous System -

But all passions have a great effect on the sanguiferous System - Some of the Effects of Fear must also be referred to this - Passions act almost all on different Parts - Fear, inducing strong Palpitations, acts on the heart, and very likely on the Arteries also - Hence it may induce Stagnations in the Arterial System, and in the way, by inducing a Stagnation of the blood or Turgescency of the brain, it may induce Apoplexy or Epilepsy -

A young man in a ship, was suddenly waked by the Ship's striking upon a Rock, in consequence of which she sunk; but he with several others leaped with the

The history of a people and the state of their
society, and the progress of their
civilization, are the subjects of this
work. It is a history of the
people of the United States, and
of the progress of their
civilization, from the first
settlements to the present
time. It is a history of the
people of the United States, and
of the progress of their
civilization, from the first
settlements to the present
time.

the people of the United States
and the progress of their
civilization, from the first
settlements to the present
time.

the greatest difficulty - After he had escaped the danger he was seized with an Epileptic fit, which often occurred during two years, before he became Patient - But every specific had been tried without giving relief - There was a peculiarity in his Case - For while the fits were separated by good intervals of three or four weeks, you might distinguish the approaching fit by considerable headach, pain over the right Eye, and considerable Inflammation of the Adnata - Then were plainly symptoms of Congestion in the Brain - Hence I put him on a low diet (for before he eat flesh and drank Wine in the same plenty as people in health), ordered large Venesections, and Leeches on the Temples, and kept his belly open - He was at the age of 18, an age inclining to Plethora, which required more attention - He was, by this Treatment freed from his fits for several months - But they returned, whether from his taking more liberty in living, or from what other cause I know not - He had a Brother who was of the Faculty, and now came from abroad, who was so fully satisfied of the propriety of my method, that he repeated the Bleeding several times ad deliquium animi. Whether they have since returned I cannot say, but two years after I enquired and found that they then had not - This proves that fear may induce Epilepsy, by inducing irregularities on the Sanguiferous System, which gives occasion to congestions

congestions in the head - The power of imagination it
 renew the fit, applies here - Thus we account for the
 case mentioned by Van Swieten, of a Boy that was fright-
 -ened into an Epilepsy by a great Dog, jumping upon
 him - afterwards the sight of that or any other great
 dog would bring on the fit - all which cases as are very
 difficult because of the difficulty of stopping the ima-
 -gination -

3. After Terror comes Horror, or the perception of some
 thing very disagreeable - Of this we have many examples.
 Thus we have seen many Idiosyncrasies, in consequence of
 which the sight of something particular brought on
 Epilepsy, not by a sedative power in general, as it acts
 on a few persons only, but by a sedative power only
 as being disagreeable - If this produces no reaction,
 syncope ensues - If a reaction follows, with little variety,
 Hysteria and Epilepsy ensue - But such cases of Idio-
 -syncrasy are few - And most of our disagreeable sen-
 -sations are so to every body - The most disagreeable sen-
 -sation I can think of, is a strong smell of animal
 Putrefaction, and so we commonly say "the stench strikes
 me down" We know that noxious tastes often pro-
 duce Hysteria, Epilepsy, &c, but not by their action
 on the Tongue alone, but also by their action on the

the stomach, which is very sensible - I have seen one Instance where Ipecacuanha produced Syncope, and in another Epilepsy - The Wife of an apothecary had a strong Asthmatic, when Ipecacuanha was taken out of the Box in the shop, even if she was in the most distant part of the house - I think this may be explained by a Communication of Atonia to the Brain - among other Causes of Epilepsy, Poisons are one, as you may see in the Sclampsia of Sauvages - They may operate as Stimuli, but most of them as Sedatives and Narcotics -

A singular Circumstance of Epilepsy is the Aura Epileptica - A sensation of a stream of Air or water, warm or Cold, along the Course of the Limb to the head, which it no sooner reaches than it produces a Stupor, followed by an Epileptic fit. The authors vary so much, and are so confined on this, that I cannot make it clear - It accompanies the approach of many Epilepsies - The Theory of it I must not attempt - But two curious questions occur with regard to it -

1. Is it always a proof that Epilepsy is of the Sympathetic kind, and produced by primary affection of the Organ

Organ from which the Aura proceeds? — A priori we would say that there are many affections of the brain, beginning in these places; and therefore it may also be the case here. But we know many Instances of its arising from Organic affections, where Cure induces the Cure of Epilepsy, that we take it to be always a proof of Sympathetic Epilepsy, as this often stops by cutting through the Nerve, and thus interrupting the Communication —

2. Whether this is caused by a Sedative or Stimulant Power?

A priori we have no assistance in this. I have already said that in many Cases of supposed Acrimony, we are certain that it is sedative power which is communicated to the System. In Hysteria we have such Instances of the ~~Cure~~ running through the Alimentary Canal, and inducing Convulsions when it arrives at the Brain; and often also Stupor and Weakness, which gives the presumption that this acts by Collapse.

If we consider how much Epilepsy is combined with Apoplexy and Palsy, how often it Precedes and succeeds them, and that a Congestion and Effusion in the brain are found in both Cases, we may with Probability say that they arise from the same Cause, or from the same Cause of Compression, chiefly when Palsy succeeds Epilepsy, depending here on Over-distention of the Vessels, which arises by frequent Repetitions, to Effusion, and thus induces Palsy or Apoplexy. In other Cases the frequent repetitions of Causes of Collapse, inducing Epilepsy, may bring on at last that Collapse which induces

induces Palsy. We see that after the fit often leave a stupor of the brain. But when the Epilepsy succeeds to the Palsy, we suspect that Compression is the Cause of Both. We have frequent Instances of Epilepsy succeeding Hydropic Effusions; but I do not find any Case of mere Collapse producing Epilepsy, except when acting suddenly. Whereas in Palsy from Effusion, the Collapse coming more slowly, the approach of an apoplectic fit may give such an Over-distention as to induce Epilepsy. These are all the Occasional Causes of Epilepsy. We come next to the Predisponent Causes.

We are now to enter on a subject where some Theory is unavoidable; but I shall give you very little. I apprehend you don't receive what I am going to say for Theory, which I consider as 100 many Propositions supported by Facts.

I have given you the Occasional Causes of Epilepsy. They are best described by Boerhaave and Van Swieten. I have scarce forgot any; but have differed from them in the arrangement.

Predisposing Causes. The influence of these is nowhere more evident than in Epilepsy; and therefore they are particularly to be attended to. and though we range the Predisposing Causes among the Remote Causes, they make also part of the Proximate Causes, as they subsist all through the disease, and have a great share therein.

The Predisponent Cause of Epilepsy consists in a
mobility

mobility of the Brain or Sensorium - such a mobility evidently
 evidently often takes place - We conclude so, from the Mobility
 evident in the mind, when at the same time, and in the same
 persons, Transitions from one Passion to another are quick -
 such a Mobility constitutes what we call the Boyish Tempera-
 ment, varium et mutabile semper Hamina. But when
 we perceive this in the mind, as we know by its connexion with
 the body, that a state of the one answers to the other, we must
 suppose the brain and Sensorium equally moveable and
 susceptible of alterations of Excitement and Collapse, often
 to a considerable degree - This explains what we mean by
 that Mobility - But Epilepsy may occur without it, as
 it does not always depend on Predisponent Causes, as when
 it is produced by fractures of the Skull, Exostoses, Ossi-
 fications, Idiocynergies of one particular Organ only, operating
 on every body - But when the disease is general, it certainly
 depends on that Mobility - But on what this Mobility depends,
 is difficult to say - There are two Cases of it -

1. Debility. Thus Children, young persons, Women, Men of delicate
 habits, Persons weakened by long Evacuations, or Convalescing
 from long diseases, are particularly predisposed to Epilepsy -
 The brain may be considered as an Elastic Cord of considerable
 Elasticity, with respect to Tone and Cohesion, but whose flex-
 ibility is proportioned to the weakness of the system - The Exilla-
 tions of Elastic are in proportion to their Flexibility in
 point

point of
tion, or
ibility of
the flexi-
culty and
the dipa
on that
the repr.
2. Mo-
-rate and
this may
represen
In the
ibility
But
-al re-
contras
and up-
The
quante
system
the
state
of the
-uni-

point of frequency; and the extent of these Vibrations is proportioned, not to the force of the Vibrating Cause, but to the flexibility of the Vibratile Body - Repetition of flexion increases the flexibility - and the Animal powers, we know, increase in faculty and force by repetition - Hence we readily understand how the disease is so frequently habitual, and of difficult Cure; and on that account it is always of consequence to prevent, at least the repetition of these fits.

2. Mobility depends upon a Plethoric State - This may operate in different ways -

a. This supposes always a state of Laxity in the Large Vessels with respect to the Excretories - and thus they admit accumulations -

In this manner Plethora may induce Mobility by inducing Debility -

b. But in the Plethoric State the force or Tone of the Arterial system depends more upon the Tension than upon the Contractility of its own Fibres, as we also see in Elastic bodies; and upon this over-stretching depends the greater Oscillations.

d. The Tone of the Arterial system depends upon the greater quantity of fluids, which is the principal change in our system from Plethora; and therefore the mobility of the system is still thus increased. While the Plethoric State favours in a special manner, those congestions of the brain which we have seen to be frequent occasional causes of Epilepsy, at the same time it makes it

it had
it mo
of the

Causes
 we know
 Indica
 by the
 as it
 other p
 positio
 onside
 may occ
 thetic
 and if
 part
 panic
 this is
 fore in
 1. Go a
 have
 by no
 may
 have

is liable to very great changes, and much increase
in mobility - From these Causes we may proceed
to the

Method of Cure

I have just now explained how Predisponent
Causes are part of the Proximate, and therefore where
we know not the Proximate Cause we may take our
Indication from Predisposition - Epilepsy is divided
by the Systematis in Idiopathic or Sympathetic according
as it depends on affections of the brain or affections of
other parts of the System - But if there is a Predis-
position, even in the second Case, the disease may be
considered as Idiopathic; and on the other hand Epilepsy
may occur from affections, and yet be considered as sym-
-pathetic - If the Sympathetic Epilepsy can be distinguished,
and if there be no Predisposition, the fits are the chief
part of the disease to be attended to - The Epilepsy accom-
-panied with Aura, Sauvages calls Sympathetic Epilepsy.
This is not universally true, but in most Cases it is, and there-
fore in such Cases our Indications are.

1. To destroy the Topical affection constantly present. You
have in the Medical Essay a case of Epilepsy that was cured
by cutting a Tumor off the knee - at other times, as you
may see in De Haen, Cauteries and Issues in the part
have had the same success -

Method of Cure

2. When the topical affection is unknown, or resist our remedies, the cutting the communication of the Nerve will often succeed - Albinus cured in this manner an Epilepsy proceeding from an affection of the Cheek - I have known + a case of Epilepsy, proceeding from the nail of the Thumb, cured in the same manner.

3. Ligatures have often done this in cases where the sensation of *AMMA* is felt - I have had many instances of this kind in the Clinical Ward - and two three years ago I had a Boy, in whom tying the Garter a little tighter than + usual would stop the fit - and this method should always be tried in these Cases - For this purpose we should be provided with a Screw or Tournequet - a considerable compression on the Nerve renders the Communication difficult, and often stops it -

But there are Cases of Idiopathic Epilepsy, from evident remote Causes, without Predisposition; as from Fracture of the Skull, the Cure of which is evident, and does not come under our Plan - There are likewise Cases depending on irritation or topical affections, which do not fall the consideration of Idiopathic Epilepsy - To Cure this we must remove the proximate Cause; and as it is not known our Indications are

1. To avoid Occasional Causes.
2. To remove the Predisponent Causes -

1. When the spirit of the law is understood, it is not only
the letter, but the spirit of the law, that is to be followed.
The law is not a mere rule, but a principle of conduct.
It is not a mere command, but a principle of action.
It is not a mere prohibition, but a principle of duty.
It is not a mere penalty, but a principle of justice.
It is not a mere reward, but a principle of mercy.
It is not a mere punishment, but a principle of wisdom.
It is not a mere reward, but a principle of love.
It is not a mere punishment, but a principle of truth.
It is not a mere reward, but a principle of peace.
It is not a mere punishment, but a principle of unity.
It is not a mere reward, but a principle of harmony.
It is not a mere punishment, but a principle of order.
It is not a mere reward, but a principle of law.

1. By
not
more
violence
truly
in order
2. By
Impr
Epil
after
by oth
and
a W
an an
put
of a
He w
relig
out

not
the
mean
Wh

1. By removing the Plethoric State, which must be done by avoiding the rarefaction of the Blood, and its impetus or determination to the head - Thus heat of the Sun, warm Chambers, violent Exercise, anger, surfeit, and Intoxication, are particularly to be avoided - Common discretion must suggest in such Cases what is necessary.

2. By avoiding Mobility, which must be done by avoiding Impressions - a Boy at Glasgow was subject to frequent Epileptic fits from any violent noise - and it was afterwards found that though no violent noise was perceived by others, he ~~was~~ thrown into a fit, and even when the noise could not be perceived by those about him, without opening a Window, and giving the greatest attention; he having such an uncommon degree of Sensibility - The noise of an horres feet in the street would bring on an Epileptic fit - The Tolling of a Bell in a distant part of the City, had the same effect - He was removed to the Country, where he obtained perfect relief - In general then it is of great importance to find out the occasional Cause of Epilepsy, and to avoid them.

But upon the Prædisponent Cause, it is not necessary to repeat what I have said of removing the Plethoric State - Bloodletting is the only sudden means we have for this, and it must be very large - When the disease depends on increased Tonic, as it often does,

does, the opening a Vein alone with a sudden Evacuation, even though small, will do - This will take off the Tension of the System - But when the design is to take of the Turgescence and Congestion, by diminishing the quantity of the fluids, a large Evacuation from the Arm or Jugular Vein is necessary, and is to be accompanied with Leeches and Scarifications on the Temples - I have seen, as I said yesterday, an Epilepsy almost removed by large Bleeding, to which I was directed by the headach and Inflammation of the Eye which preceded the fits.

With a view to Evacuate, Purgatives may also be employed; but they are more for making a Provolusion. As the Chief remedy, Bloodletting, rather contributes to the return of the Plethora, to prevent this, Abstinence and Exercise, to support the Evacuations, will be necessary. With regard to the Effects of Abstinence; - They obviate those of Plethora, viz, the Over-distention of the Vessels of the Brain, and the opposition of the system to greater mobility - But besides, there are still many Apical affections of the brain that are Causes of Epilepsy, in consequence of Turgescence and Plethora only - Thus we have in the French Memoirs, Cases of Exostoses in the membranes of the brain, inducing Epilepsy only when there was a concurrence of Causes of Turgescence; and blood-letting was a sure means of diminishing the frequency of

of the fits - But Abstinence, by the joint opinion of Physicians, has cured more Epilepsies than all other means that have been employed -

ISSUES. If our Theory of purulency is just, and the discharge by Issue is of the Coagulable Lymph; then will certainly much diminish the Turgescence - But they also operate in another way, by obviating the particular Determination, and consequently the Congestion - In the first case it is indifferent in what part the Issue be made - In the second, the nearer it is to the head, the better - Scatons or Pica Issues will be indifferent, only the greatest Evacuation possible should be procured -

On the Cure of Epilepsy, I tonight, with other Physicians, speak of Specifics - But I know of no such thing as a Specific in Medicine - There is no medicine that I know of, whose effects I cannot explain in a general way; and if there were any that I could not, I should, from Analogy, impute it to my want of knowledge, not to any specific quality the Medicine possesses - I endeavour always to form an Indication of Cure, and in Epilepsy, though I know not the whole proximate Cause, yet as I know a part of it in the predisponent Cause, I form my Indications thus.

1. To avoid Occasional Causes - of this I have spoke already -
2. To remove Predisponent Causes - There are
 - a. Plethora - of which I also have spoken sufficiently - to be taken off by Bloodletting, and obviated by Abstinence

Abstinence, Exercise, and Issues -

3. Debility - I am afraid of this so far as it is originally and fundamentally without Plethora - This is done

1. By removing its Causes;

2. By obviating its Effects -

Causes of Debility in general are evidently Plethora, and those of proper Debility - I have spoken of Plethora - and on our last subject I also spoke of Debility; to be removed by Cool air, Exercise, Cold Bathing, &c - I have nothing particular to say concerning Tonics in Epilepsy - They are all intended to increase the Force of the System - But I must observe that, the Force remaining the same, the Debility may be removed by encreasing the Tension -

The Doctrine of Epilepsy from Repletion and Inanition, has been known from the Time of Hippocrates - We have instances of Epilepsy from Inanition, produced by Hemorrhages, Diseases, &c - In all such Cases, the strengthening means are a full and nourishing Diet - However, it will be difficult to apply all this, because debility is often joined Repletion, in which Case the least degree of Over-distention in weak and mobile Systems, may have a bad effect - In consequence of this, I find it difficult in Cases of Epilepsy from inanition, to encrease the quantity or quality of the Patients Diet. However, there are Cases of Epilepsy which require strong Diet.

17
I have been thinking of you
and of the many things
which have happened since
we last met.

I am very glad to hear
that you are well and
hope you are happy.

I have been thinking of you
and of the many things
which have happened since
we last met. I am very
glad to hear that you are
well and hope you are
happy. I have been thinking
of you and of the many
things which have happened
since we last met.

I have been thinking of you
and of the many things
which have happened since
we last met. I am very
glad to hear that you are
well and hope you are
happy. I have been thinking
of you and of the many
things which have happened
since we last met.

diet - a student of this College, who is now a learned
 Doctor, had an Epilepsy, and as I thought it depended on
 Plethora, I enjoined him to live on a low Vegetable
 diet, and forbade him the use of Wine - The disease at
 first seemed to abate, but it constantly returned - Some
 time after he went home to England, and by the sollici-
 tations of the good Wives, was persuaded to a little
better feeding; and from the time he began to indulge
 himself in the use of Wine, &c., his fits left him entirely.
 Here there is no doubt that full feeding was a remedy -
 It is possible that full living, even in those cases that
 began with Plethora, may cure the disease, which
 may be so changed as to be exactly like Epilepsy from
 Inanition - and though the treatment of Plethora
 has been more successful than others, there are cases
 in which it entirely fails -

Lately in the Clinical Ward, in a case of
 Epilepsy which I suspected to arise from Plethora,
 Venesection induced the fit, and the disease was cured
 by a Tonic remedy - accordingly when Mobility ap-
 pears, it is to be removed and obviated by Tonics
 and Antispasmodics - Our chief Tonics are Iron,
Vegetable astringents and Tonics, Metallic sub-
stances, Cold Bathing, &c.

1. Tea. I have had occasion to mention how this operates sometimes, in the cure of Convulsive disorders; and therefore it may be considered as a Tonic. But I mention it rather to complete the history; for we cannot employ it as a remedy, as it is not always in our power to excrete it; and when excreted we can never determine the degree.

2. Vegetable Astringents - Viscus Luercinus, or Mistletoe, has been commonly employed and spoken of as a Specific - But I have never known any good effects from its use - and I suppose that Superstition rather than Experience, introduced it in Medicine - It is at least but in a very few instances that Experience has proved its utility -

Other Tonics are Bitters and the Bark - I know little concerning Bitters, as a remedy for Epilepsy - Probably they are useful (being then most powerful, when combined with Astringents) - The Folia aurantiorum, of which De Haen speaks, are to be referred to this head - But the most useful is the Bark, chiefly when the disease is periodical - The effects of the Bark are transitory, as we said in fevers; it being useful only on the approach of the fit, to remove debility pro tempore - I cannot avoid observing here, that, while in Fevers it has been disputed whether it operates by its antiseptic power, it cannot be supposed to operate here but as a Tonic, on the Nervous System, thus confirming our Theory of fevers - With regard to the Bark in Epilepsy

Philipp
-thorpe
which
Phlogis
should
the Ba
employ
-tation
subje

I. Mc
-ten &
someti
but op
and the
been Es
and ha
have ne
get the
of Lin,
Chaly
-al was
many
Copy
of the
produce
the wh

Epilepsy - As in many Cases the disease depends on a Plethoric state, joined even with Inflammatory Diathesis, in which the Bark will be hurtful, as it increases the Diathesis Phlogistica - When the Plethoric state is considerable, we should remove it, and then only venture on the use of the Bark - When this is removed there is no doubt about employing the Bark - And we must give it without hesitation in Cases of Urgency, chiefly Periodical, which subsist without Inflammatory Diathesis -

3. Metallics - Most Metals afford useful Tonics, but of ten to be avoided, because of their Stimulus - Arsenic has sometimes been found useful in small doses in Epilepsy, but oftener in Intermittents - Tin has much arsenic in it, and therefore may be useful in small doses in Epilepsy - It has been employed by the College of London in the Sal. Jovis, and has been said at all times to cure Epilepsy - But I have never handled these dangerous Medicines, but if we could get the better of our Fears concerning the poisonous nature of Tin, it might, perhaps, be successfully employed -

Chalybeats are perfectly safe, but not efficacious - Mineral waters, that have sometimes cured Epilepsy, are taken in many Circumstances that might have performed the cure.

Copper. Van Swieten was acquainted with a Preparation of this metal, a singular one, that cured Epilepsy without producing any sensible effect, except only a formication on the whole body - I am very sorry he has not communicated it
us

in the exact knowledge of this remedy - We are obliged
to employ other Preparations to obtain the Tonic power of
this Metal, without its Stimulus, which is done

a. By small doses

B. By particular preparations, which weaken the Stimulus
without impairing the Tonic power -

To cut the matter short, I have lately employed
one of the last kind, the *Cuprum Ammoniacale*,
which some of you have lately run in the Infirmary suc-
cessfully employed (viz. C. Matthew Wilson*) It consists of
Blue Vitriol joined with Sal. Ammoniac - We may suspect
that the Neutral, which is joined with metal, diminishes its
Stimulus - But I do not know whether the Salt is of any
service; for I have known an Epilepsy cured this Spring
by Blue Vitriol alone, given in such small doses as to avoid
its Stimulus -

4. Cold Bathing - I have already spoke of this, and
its application is obvious - It is well fitted to remove the
Mobility and Debility, but not safe till the Plethora is
di-

* I here thought I might take $\frac{zviij}{\text{of blood}}$, but before \frac{zvi}
were drawn, a fit was brought on, and next day another
by the Purgative - Before the Copper was employed -

[Faint, illegible handwriting, likely bleed-through from the reverse side of the page.]

division
had
on

to the
open
there
Vale
with
and

The
useful
find
in a
when
attitude

in G
mate
have
good
nature
able

of the

diminished - Perhaps to avoid the determination to the head, the head should be dipped first, or rather the water poured on the head from a Machine -

5. *Antispasmodics* - I do not pretend to explain their Operation - In general, most of them are insignificant - There are two more valued than the rest, the *Paeonia* and *Valeriana* - I never saw the effects of the first in a very sensible ^{person}, nor have I met with any Practitioner that has; and I know nothing that, ^{possibly} could lead us to think it useful.

The *Valeriana* has been more notable of - I have seen it useful in one or two Cases, but in one or two of an hundred - I have tried it in larger doses (℥ss bis in die) and in better condition than ^{usual}; but it had no effect, except when it proved Purgative, and to this I am more disposed to attribute the Cases it has performed -

Oilum animale has been much celebrated in Germany and other parts of Europe - It is an Empyreumatic Oil, rectified to a great degree of Volatility - Though I have no experience of it, from the difficulty of keeping it in good condition - I presume it has much, both from the nature of it, being very volatile, and from the Experience of able and deserving Physicians -

Another Antispasmodic is *Musk* - Considered as one of the most diffusible and strong Odours, we know there is a

a presumption of its utility - In Hydrophobia it has been found useful; and not to rest upon analogy, it has been employed with much success in Convulsions and Epilepsy; and the authority of Dr Wall is enough to recommend it - But it is scarcely ever to be got in good condition, and it has no effect except in considerable Doses - Ninety nine times of an hundred it is adulterated before it comes to our hands -

Opium is of undoubted power in Convulsive disorders - But in Epilepsy the application of it is attended with great difficulty and ambiguity, though it may be powerful in removing particular Spasm - Tralles and many others are against its use - Whenever the Plethoric state is present, or whenever there is an Inflammatory Diathesis, or in short, whenever Bleeding is useful, I would conclude Opium to be hurtful - Young finds but one or two Cases where Bleeding and Opium may agree. But on the other hand, when the disease proceeds from Irritability without Plethora, Opium is the only certain remedy - Even in Cases of Plethora it may be useful as a Tonic - But like other Intoxicating substances, if used habitually, it increases the irritability of the system, weakens the Tonic of the brain, and disposes

[Faint, illegible handwriting, likely bleed-through from the reverse side of the page.]

[Faint handwriting visible on the right edge of the page, possibly from the adjacent page.]

disposes to Vapors & accumulation - De Haen speaks of
 a case of Epilepsy from sleep, which could always be sus-
 pended by watching, the fit never occurring in the daytime,
 if the Patient could be kept from sleeping, & which
 he was disposed - yet it was cured by opium in a way
 he does not explain; for this fact, which is not so singular
 as may be imagined, I refer you to him - Morgagni
 speaks of an Epilepsy which was forewarned by slow-
 ness of the Pulse, and was prevented by the use of
 Opium - This might act as a Tonic, and remove
 the Torpor of the system - But take this as a hint
 only - I should have supposed Opium equally improper
 here - I must leave you to consult the Case -

As far as the Authority of Storke goes,
 Hyosciamus has been found useful - Every thing I
 have said of Opium applies to this - But you may
 take their Facts of Vienna as you please - It may
 apply to all other ~~antispasmodics~~ antispasmodics, and, like Opium,
 must be employed at the approach of the fit, if we
 expect any advantage from them - There is another
 measure to be taken, which I should have referred
 to the head of occasional Causes - viz, after all reme-
 -dies fail, to change all habits - Diet, Climate,
 manner

manner of Living, &c, a Remedy as old as Hippo-
-crates - This would be best done by sending the
Patients abroad - If that cannot be done, we must
~~make~~ make as great a change as we can at home -

After having gone through Epilepsy as well as we
could, we must go backwards & enter upon the Con-
sideration of

Gen. XLVIII. Convulsio.

The same apology is
to be made here for this form as for that of Spasm,
as applied to the Order - It is not to be understood strictly, but
to be taken by the Definition -

(In functionibus animalibus.)

"Musculorum contractio, clonica, abnormis,
"citra soporem."

We distinguish Convulsions from Epilepsy, by their
being a partial and less considerable affection - citra sopo-
rem vive sensus Variationem - In some Cases Convul-
sions are very limited - But we call them Epilepsy when
attended with ~~stupor~~ ^{sopor}, and Convulsions only, if not -
They are to be considered as affections of the Muscles, and
even of the Brain - But the Theory of both Diseases is
nearly

measure of a thing. It is said in a book
written. This is the first time by which the
pattern is given. It is said in a book
made as a guide to the eye and hand.

It is said in a book that the first time
the pattern is given. It is said in a book
made as a guide to the eye and hand.

It is said in a book that the first time
the pattern is given. It is said in a book
made as a guide to the eye and hand.

It is said in a book that the first time
the pattern is given. It is said in a book
made as a guide to the eye and hand.

It is said in a book that the first time
the pattern is given. It is said in a book
made as a guide to the eye and hand.

It is said in a book that the first time
the pattern is given. It is said in a book
made as a guide to the eye and hand.

It is said in a book that the first time
the pattern is given. It is said in a book
made as a guide to the eye and hand.

pretty much alike. In order to distinguish them we should enquire, why the brain is more or less affected, - why in greater or less affections of the brain Sopor comes, - and why the affection of the brain is determined to the part where the motions chiefly appear. An Inquiry into these questions, though we should not be able to resolve them, would not be useless, and would throw some light on the Animal Economy. But in the present state of our Science, of my knowledge, and of your preparation, we could give nothing but what would be rather curious than useful, we avoid entering into such such questions -

Convulsions depend upon the same the mote, and Predisponent Causes as Epilepsy - Therefore the avoiding Remote Causes, which requires common sense and discretion only, is as necessary here as in Epilepsy - as to the Predisponent Cause, which is the chief object of our Practice, it is mobility, depending on

1. On Plethora.

2. On Debility -

That Debility is more concerned here, as it may be in the part itself more than in the brain,
(as

(as we perceive paralytic parts often liable to Convulsions), we conclude they are often owing to loss of Tone in the affected part, as after considerable Hemorrhage from a Limb - Bleeding has more effect upon the adjoining parts than upon the whole System - Issues long continued in one part, will leave it weak and liable to Convulsive Agitations - Convulsions may also be owing to want of usual Tension in the part - Van Swieten mentions a young Lady who was liable to Tremor and Syncope, from the slightest impression, as soon as she had taken of her Stays - In all these Cases the Conclusion remains, that the method of Cure is directed to Plethora or debility, and therefore is cured by Evacuants or Tonics and Antispasmodics -

To illustrate this let us examine the Chorea Sancti Viti Sydenhami, a particular species of convulsions described by that Author, and limited by Sauvages in this manner under the general term *Scelotyrbe* - Other Nosologists have given no proper Idea of it - Linnaeus, and still more Vogel, are very loose upon it - We confine ourselves to the Chorea Sancti Viti of Sydenham - This is confined to

[Faint, illegible handwriting, likely bleed-through from the reverse side of the page.]

[Faint, illegible handwriting on the right edge of the page, possibly from an adjacent page.]

At a certain time of life, occurring, as Sydenham observes, at the age of Puberty, from 10 to 16. From this Circumstance the peculiar nature of the disease arises - Two Theories may be mentioned concerning it

1. Supposing that as our system is gradually evolved, so long as it yields, the symptoms of Plethora do not appear, but only till the whole system is evolved, when the Union, approaching to Plethora, takes place. and if this be not exactly balanced, a fluctuating Balance, that is to say, Mobility, ensues - That this may particularly affect the brain is evident; and from the beginning of a Plethoric state, and from the fluctuating Balance, Convulsions may be induced.

2. The other Theory relates to the evolution of the Genitals, which every one knows produces considerable changes in the System. Even after their perfect Evolution, we know that the state of irritability of the Genitals has a considerable influence on the whole system, or its different parts - This Evolution may be steady and continued, as it generally is - In others it may be suspended, and this suspension induces Atonia - In others, unsteady and fluctuating, which gives rise again to that fluctuating balance or mobility, on which Convulsions may depend. Both these Theories may be true, and have a share in this

[Faint, illegible handwriting, likely bleed-through from the reverse side of the page.]

the de
high
-ity-
all
his pr
more
comm
-tion
a state
the p
-con
all f
had
I ha
shin
and
But
I ha
and
foun
It is
-re
Ras
Purg
sep,

this disease - This is enough for the method of Cure; which must be directed either to the Plethora or to the Debility -

Sydenham's practice was bleeding and purging alternately, three or four times - Sauvages says that in his practice, concerning this disease, which he saw much more frequently (as is probable from its occurring most commonly in southern Climates), he has found Evacuations constantly improper - He found his Patients in a state of Debility, and therefore employed Tonics - Both the practices may be reconciled -

It is possible that Sydenham, who saw this disease but five times, might have found Plethora in all five instances; and that Sauvages, on the contrary, had his Patients weak, as he says, in body and Mind -

I have had about thirty Cases of this disease, and have observed cases of both kinds - Some of a tolerable full and florid Complexion, with Plethora, but seldom -

But many more slender, lean, weak Girls and Boys -

I have found the disease occurring with Epilepsy, and ending in this, or in Chlorosis in Girls - I have found it in Boys attended with Pica - I have found it inducing a considerable Staturity of Mind, and weakness of body, even in quick Boys - In these Cases of Weakness, I repeated bleeding - But I employed repeated Purgatives with more confidence, chiefly in the female sex, as the Primæviæ often require it - After using bleeding and

and Purgings I employed Ionic, chiefly the Peruvian Bark, with pretty good success - It is possible that there is room here for strong Antispasmodics - I have not had aversion to antispasmodics, having no Musk, or none that was good - as for Opium, it appears that it was the Nemesis of Sydenham - I have not imitated him, because I have an aversion to Opium - I have even employed all others without effect -

In Functionibus Animalibus.

Gen. XLVII. Tetanus.

"Totius fere corporis rigor spasticus" -

Under this Term I comprehend general and partial affections, such as Opisthotonus, Emprosthotonus, Lock'd Jaw, &c - The ancients knew this disease, but described it ill - I must refer you to a Dissertation by Dr Chambers in the London Medical Essays, and to Dr Willcary in his history of the diseases of Barbadoes -

The Theory of it is still very obscure, and as I must avoid more general Theories, I shall make only two or three remarks on it -

This a more purely Spasmodic Contraction, violent, painful, and not alternating with relaxations - What is strictly the state of the Muscles affected with spasm, and

and what is the state of the brain then, are also very obscure. But at least we can observe, that if the state of the brain which causes muscular action is called Excitement, we may say that the Cause of Tetanus is a violent Excess of Excitement, and Sedatives, chiefly Opiates, are the best remedies; - which is confirmed by Experience - Opium always procures a remission, but it must be given in great quantities - Dr. Chambers gives ℥i Tincture Thebaica in 24. hours, - & Dr. Hillary gr ~~XX~~ of Opium in the same time, which scarcely produced one or two hours sleep - It is very probable that the Patients might in many Cases, if we had courage to push the use of Opium a little further - It is true that the Practitioners mentioned, employed other remedies along with this, as warm bathing, &c. - But the chief effect was certainly to be imputed to Opium - We should expect much from Musk, but Dr. Chambers did not employ it, though Dr. Hillary did, and with some success - Yet, notwithstanding all Remedies, the greatest part of the Patients died.

Dr. Hillary certainly suggests a very useful Practice. He observes that Tetanus, in its most violent state, very often arises from very slight Punctures and Lacerations of Nerves, wounds, Bruises, &c. - Hence whenever it can be done, the Division or destruction is the surest remedy - Concerning Warm

Warm Bathing, Hillary found it precarious - But Cham-
bers insists much upon it - What is further necessary to
be known concerning this disease, you may find in the London
Medical Essays - This finishes what I had to say on Tetanus,
or on Spasm, as affecting the animal Functions.

Having finished the Consideration of Spasm in
the Organs of the animal functions, I am now to consi-
der it in those of the Vital functions - Precise limits are
very difficult here; but according to the Dictate of Com-
mon Sense, we understand here, by Vital functions, those
of the heart and Lungs.

II. In functionibus Vitalibus -

Gen. I. Palpitatio.

Char. "Motus Cordis vehemens abnormis"

This is put here to complete the System, and is
sufficiently clear, and is strictly connected with Syncope,
which is mostly a violent Palpitation, ending either in
Spasm, or more commonly in Palsy, pro Tempore,
such as affects every muscle after Convulsions, of the
muscular fibres of the heart -

Palpitatio, as connected with Syncope, may be
Idio

It is a common error to suppose that the
law of the mind is the same as the law of the
body. The mind is not a machine, and its
operations are not governed by the same
principles as those which govern the
mechanical world.

The mind is a faculty, and its
operations are governed by the laws of
the mind. The mind is not a machine,
and its operations are not governed by
the same principles as those which
govern the mechanical world.

It is a common error to suppose that the
law of the mind is the same as the law of the
body.

Chapter I. Of the Mind.

The mind is a faculty, and its
operations are governed by the laws of
the mind. The mind is not a machine,
and its operations are not governed by
the same principles as those which
govern the mechanical world.

It is a common error to suppose that the
law of the mind is the same as the law of the
body.

Idiopathic or Symptomatic - It is Idiopathic when depending on Causes acting directly on the heart itself; such as any interruption of the return of Venous Blood, the Venous blood being urged towards the heart with unusual Violence, or several Causes of Interrupted free evacuation of the heart. - The heart is not only affected by such Causes as act directly on itself, but also by many others thro' the intervention of the Brain, which give the Cases of Sympathetic Palpitation - It is true that Convulsions of the heart may arise from particular mobility or atony in the heart itself, as may be the case in every other muscle - But it is enough to mention that, as in practice it will be sufficient to treat it generally, as a sympathetic affection, by Tonics and Antispasmodics. I come now to a Genus which is a more frequent and more important object of our Practice.

Gen II. Asthma.

Char. "Spirandi difficultas, cum angustia in pectore
"sensu, per Intervalsa subiens"

There is no Genus, of which it is more difficult to give a good Character, and after all reflection, ours is but very imperfectly stated - The leading Circumstance is here the Spirandi difficultas, a symptom of

Gen. L.

of a very great number of Diseases - Physicians have
 in some measure found an Order of it, and have disting-
 -uished it only by its different degrees - so they have
 universally made three Genera of the Spirandi difficul-
 -tas - Asthma, Dyspnoea, Orthopnoea - Vogel
 goes further still - What does not deserve attention - Sa-
 -vauges takes these three genera - But is it not obvious
 here that differences in degree do not give different spe-
 -cies, and much less different Genera? Plus vel minus
 non distinguunt speciem - No limits are due, set between
 the three stages, and therefore asthma, the Intermediate one,
 is more loose than the two Extremes - Savages indeed finds
 something more than this necessary - He distinguishes acute
 from Chronic Dyspnoea and Asthma - But that dis-
 -tinction cannot be admitted in Nosology - If the word
acute implies Violence, it is a difference only in degree.
 He moreover distinguishes dyspnoea from asthma by its
 constancy and state of duration, while asthma is en-
 -tirely absent at times, at least sometimes moderate
 and sometimes violent ~~and~~ exacerbated - Hence he dis-
 -tinguishes asthma from Dyspnoea, by its occurring
 periodically - Which Character I have made use of,
 though I am not satisfied with it - That Systematists
 or Nosologists have not accurately distinguished dis-
 -eases, is very well proved by this, especially if you look into
 Lin

of a very great number of persons
in some cases found in the spot, and some
others in the neighbourhood of the same
place. It is not the intention of the
present work to give a list of the
names of the persons who have been
found in the spot, but to give a
description of the spot, and to give
a list of the persons who have been
found in the neighbourhood of the
spot. The names of the persons who
have been found in the spot, and
the names of the persons who have
been found in the neighbourhood of
the spot, are given in the list of
names at the end of the work.

Since
accurate
men-
the
spec
Orth
conid
them,
lymp
Many
Lange
a b
late
Dypp
Dypp
-cas
men
Dypp
all
proa
-i/m
-ma-

Linnaeus and Vogel, who are still more loose and inaccurate than Sauvages - Among the difficulties of Breathing we must certainly determine some Idiopathic disease, and for this we must look at the Species - Sauvages has 22 Dyspnœa, and 26 Orthopnœa - I will not detain you by a particular consideration of them - But say that, if not all of them, at least a much greater part are plainly symptomatic, and not proper Idiopathic species -

Many are evidently affections of other parts than the Lungs - Thus Dyspnœa gravidarum, is not properly a Disease, as pregnancy may be considered a natural state - The same may be said of Dyspnœa or Physconia, Dyspnœa Symparctica, and even Dyspnœa a corde, Dyspnœa aneurismatica, &c. - These are separate diseases, of which Dyspnœa is only a symptom, and even the Affection is in the Lungs themselves - Dyspnœa pituitosa, Dyspnœa a Tuberculis, &c. - all these are diseases which are not known by Dyspnœa alone, but also by other marks - all this Criticism is necessary to distinguish Dyspnœa from Asthma -

But

of Dyr-
Hokana
-the de
nature
mark,
-compa
is liab
spiran
ing is
be unde
-tion/
and dif
iable to
pecies,
the de
semble
natio
species
very diff
dipnita
a Hig
is for o.
a wiffa

But I must say still, why I have not made a Genus of Dyspnœa - It is because all Species of Dyspnœa and Orthœna belong to other diseases; but Asthma is an Idiopathia disease, "Spirandi difficultas cum angustia in pectore sensu", commonly accompany asthma, but do not mark it, as many Symptomatic Dyspnœa are also accompanied with them - Even "per intervalla subiens", is liable to ambiguity - In proper asthma the "Spirandi difficultas" is often constant - at least the breathing is never so free as in health - Therefore this must be understood of its being liable to considerable Exacerbations, though the Breathing always be more interrupted and difficult - But there are many Cases of Dyspnœa liable to Exacerbation; - Even among those we have rejected as Species, such as depend on affections of the Abdomen, and other diseases of the Thorax have also Exacerbations, which resemble, and are perhaps of the same nature, with asthmatic Exacerbations; and therefore this Character is not sufficient - and you'll find the study of this distinction very difficult - It must depend on a little more accurate description of the Fit - Therefore we proceed to give a Historia Morbi.

Before an asthmatic fit comes on, the Patient is for one night or two very restless - He is troubled with a constant sense of anxiety, Lassitude, and Torpor, for the day

[Faint, illegible handwriting, likely bleed-through from the reverse side of the page.]

day before
likely
and
the time
common
hidden
the way
bottom
tion of
erect
the same
they are
unless
for 100
always
heads
therein
in the
of mo
not co
in this
no rem
the res
for no

day before, chiefly at the breast - In the afternoon, especially after dinner, Inflatio Ventriculi, drowsiness, headach increased in the evening, but not so much as to interrupt the time of going to sleep - From 12. to 2. but most commonly from $\frac{1}{4}$ before 2. the Patient wakes with a considerable difficulty of breathing, and straightness about the breast, and a particular sense of uneasiness at the bottom of the Sternum, as if something impeded the action of the Diaphragm - This obliges them to take an erect posture, and commonly to get out of bed - at the same time they feel as though they wanted cool air. They are uneasy in small chambers, and in large ones too, unless the windows are open - Their breathing is uneasy for sometime, chiefly in Inspiration - But it is not always frequent - May sometimes it is slower than it should be, chiefly in Expiration, and attend with a rattling wheezing noise at the Glottis - In this situation there is the sense of the Lungs being rigid and incapable of motion - The Patient speaks with difficulty, he can not cough, though there is a constant irritation to it. In this state they continue for sometime - often there is no remission till the next morning; but commonly the remission comes sooner, or in the course of the forenoon - sometime the fit goes off entirely - But frequently

frequent
 in the
 longest
 they
 when
 periods
 Moon
 the de
 know
 I know
 long
 will a
 found
 him
 as hon
 which
 are op
 occurin
 to diff
 Remise
 They
 misju
 Venle
 go off

frequently it is a remission only; The fit returning in the afternoon for three or four days; which is the longest period mentioned by Sir John Floyer. Then they are tolerable free from some days; but commonly when the disease is fully formed it returns at stated periods: In a few, exactly with the change of the Moon - In the greater number not so exactly; but the disease returns in two or three weeks. I have known daily periods to continue for a month together. I know a Gentleman in this City, who was affected long ago, on whose case most of the Physicians, as well as myself, of this Town were consulted; but he found no relief from Medicines - The last time I saw him he was abroad in the afternoon, and told he must go home, as he was to have a fit a four o'clock, & which constantly recurred at that time, though he was free of it in the forenoon - These symptoms when occurring, as they mostly do, will sufficiently distinguish the disease - But they are not constant. In a few the Remission of the Paroecysm happens without Expectoration. They spit none, neither during the fit, nor at the Remission - In a few people also the fit goes off suddenly - Sir John Floyer says it would sometimes go off in half an hour - This however is not commonly the

the case
of a wife
this is a
lover
in the
city, a
respectable
space
within
of them
created
consider
a few
advised
on the
Floyd
labour
from
concern
of them
motion

the case - In the Forenoon they have an Expectoration of a whitish, yellow mucus, resembling Purulent Spitting. This is all the Foundation I can find for a distinction between Asthma Siccum and humidum - But what, in the Language of Authors, is called Asthma humidum, viz, when the asthmatic fits are attended with constant Expectoration, is a catarrhal, not an asthmatic disease - In asthma there is no fever, no increase of quickness of the Pulse, of heat, &c - Whereas in the Asthma humidum of Authors there is frequently increased Pulse, heat, and even Sweat - Sir John Floyer considers this as a true Ephemera; and though commonly no fever, increased pulse, or heat attend Asthma, he advises the Patient to avoid every tending to bring on these Symptoms -

All this description is chiefly from Sir John Floyer, who took it from his own Experience, having laboured under this disease for many years; and also partly from some other authors - But take in this not to confound the Symptomatic asthma with the proper Spasmodic asthma, as Sir John Floyer himself does sometimes, when he speaks of other cases than his own.

No Physician disputes that ^{this} disease has for its

it proximate a Spasmodic Contraction of the Bronchia: ⁺
 Upon what foundation you may perceive - In the begin-
 -ning of the fit the urine is commonly pale and limpid,
 -ed, and in an unusual flow, like the Diabetes Hyste-
 -ria, which every one acknowledges to be a Spasmodic
 affection - at the same time, during the fit, it becomes
 high coloured, and is attended with a Sediment, which
 proves a Spasmodic affection of the Kidneys, followed
 by a relaxation - It is only a solution of the fit that
 the spitting of a thicker Mucus begins - There is no ex-
 -pectoration for the first days - But only when a re-
 -mission of the disease points out a Relaxation of the
 mucous glands of the Bronchia -

To explain all the Circumstances here, or
 to seek for a more complete Theory in order to di-
 -rect our method of Cure, would not be safe, unless we
 had entered on the general Theory of Spasm - There
 is no disease of which more cannot be learned from
 Authors - Sydenham has taken no notice of it; therefore
 we are deprived of many practical Observations
 which his sagacity would have pointed out - Dr Boer-
 -have has not mentioned; therefore we are deprived

of

of Facts which his Erudition and Labor would have collected - Hoffman treating of this subject seems to have known the distinction between this convulsive disorder and other cases of Dyspnoea; but yet he is not correct, and treats those diseases with so much confusion that it is very difficult to follow him, either in his Theory or in his Practice - The Stahlians are more accurate than Hoffman, and have distinguished the Asthma Defectivum from the Asthma Spasmodicum, the disease we are treating off - But they have so little efficacious practice that we can expect little from their Nitroa, Absorbentia, &c - You would expect more assistance from Sir John Floyer, he being in this case the standard Writer, as he had Experienced the disease in its pure form for thirty years; and so far as he describes his own case it is the best description of this disease we have; but he mixes the stories of others with his own facts, and everywhere interposes a theory little to be regarded, which makes his Facts much more doubtful - and in the cure, he has everywhere mixed his own case with others -

Dr Perth of Bath gives us a Treatise on asthma, in which every case is a case of simple Dyspnoea or Hydrops pectoris, which have no relation to asthma.

His

111
The first of these is the fact that the
the second is the fact that the
the third is the fact that the
the fourth is the fact that the
the fifth is the fact that the
the sixth is the fact that the
the seventh is the fact that the
the eighth is the fact that the
the ninth is the fact that the
the tenth is the fact that the
the eleventh is the fact that the
the twelfth is the fact that the
the thirteenth is the fact that the
the fourteenth is the fact that the
the fifteenth is the fact that the
the sixteenth is the fact that the
the seventeenth is the fact that the
the eighteenth is the fact that the
the nineteenth is the fact that the
the twentieth is the fact that the
the twenty-first is the fact that the
the twenty-second is the fact that the
the twenty-third is the fact that the
the twenty-fourth is the fact that the
the twenty-fifth is the fact that the
the twenty-sixth is the fact that the
the twenty-seventh is the fact that the
the twenty-eighth is the fact that the
the twenty-ninth is the fact that the
the thirtieth is the fact that the
the thirty-first is the fact that the
the thirty-second is the fact that the
the thirty-third is the fact that the
the thirty-fourth is the fact that the
the thirty-fifth is the fact that the
the thirty-sixth is the fact that the
the thirty-seventh is the fact that the
the thirty-eighth is the fact that the
the thirty-ninth is the fact that the
the fortieth is the fact that the
the forty-first is the fact that the
the forty-second is the fact that the
the forty-third is the fact that the
the forty-fourth is the fact that the
the forty-fifth is the fact that the
the forty-sixth is the fact that the
the forty-seventh is the fact that the
the forty-eighth is the fact that the
the forty-ninth is the fact that the
the fiftieth is the fact that the
the fifty-first is the fact that the
the fifty-second is the fact that the
the fifty-third is the fact that the
the fifty-fourth is the fact that the
the fifty-fifth is the fact that the
the fifty-sixth is the fact that the
the fifty-seventh is the fact that the
the fifty-eighth is the fact that the
the fifty-ninth is the fact that the
the sixtieth is the fact that the
the sixty-first is the fact that the
the sixty-second is the fact that the
the sixty-third is the fact that the
the sixty-fourth is the fact that the
the sixty-fifth is the fact that the
the sixty-sixth is the fact that the
the sixty-seventh is the fact that the
the sixty-eighth is the fact that the
the sixty-ninth is the fact that the
the seventieth is the fact that the
the seventy-first is the fact that the
the seventy-second is the fact that the
the seventy-third is the fact that the
the seventy-fourth is the fact that the
the seventy-fifth is the fact that the
the seventy-sixth is the fact that the
the seventy-seventh is the fact that the
the seventy-eighth is the fact that the
the seventy-ninth is the fact that the
the eightieth is the fact that the
the eighty-first is the fact that the
the eighty-second is the fact that the
the eighty-third is the fact that the
the eighty-fourth is the fact that the
the eighty-fifth is the fact that the
the eighty-sixth is the fact that the
the eighty-seventh is the fact that the
the eighty-eighth is the fact that the
the eighty-ninth is the fact that the
the ninetieth is the fact that the
the ninety-first is the fact that the
the ninety-second is the fact that the
the ninety-third is the fact that the
the ninety-fourth is the fact that the
the ninety-fifth is the fact that the
the ninety-sixth is the fact that the
the ninety-seventh is the fact that the
the ninety-eighth is the fact that the
the ninety-ninth is the fact that the
the hundredth is the fact that the

This book, in short, is wrote in a very irregular manner, and is no more than a common plebe-book - I think this is all that is necessary to shew you the state of our Science with regard to this disease, and therefore I will follow my own judgement in the Method of Cure -

It is agreed that there is nothing more ridiculous than disputes about words - But if this is carried so far as to infer a neglect in our Nomenclature, it will lead us very far astray - There is no clearer proof of this than Asthma - When it has been understood as a simple difficulty of Breathing, it has included an immense number of various diseases - Physicians, sensible of this, have distinguished different Species of it - Asthma spasticum, Convulsive, &c - If we were to examine the history of this disease, what confusion! should we turn over - The whole of the German Ephemerides! If we look at the Index (Index) on the subject of Asthma, he refers you to Dyspnoea - But on that of Dyspnoea he refers you again to asthma, and you must turn over the book an hundred times before you find what you want - As for Dissections, Lieustaud in

in his *Historia Anatomico-Medica* has not ventured to make
 dissections, but he has cunningly comprehended the whole
 under a general title, which he afterwards, however,
 subdivides more indirectly and very irregularly - The
 cases contained in *Posteris Index* under the name of
 asthma, are such that 9 of 10 are not asthmatic
 affections - and it requires much attention and study
 to distinguish them - From this confusion, no utility
 can be drawn from our practical Writers on this
 disease - Hence I am obliged to follow my own
 judgement, and in so doing shall take my own Indi-
 cations -

Occasional Causes - External heat, warm
Chambers, sitting near the fire, Warm bathing are very
 frequently exciting causes of Asthma - You may find
 many examples of this in *St John Gloyer* - In the
 heat of the season, in July and August, asthma is
 more frequent than any other - These I can explain
 only by the rarefaction and Turgenency of the blood in
 the vessels, occasioned by the heat, especially in the Lungs,
 from a direct application of hot air - In proof of
 this, Hysteria has frequently been changed to asthma.
 Sir

Sir John Floyer mentions a Lady who was cured of Hysteria by Marriage; but it changed into an Asthma. x
 We have also other such Cases; and I shall soon show that proper hysteria depends constantly on Plethora - any increase of bulk, flatulency of stomach and Intestines, a full meal, Ligature, or any cause producing turgescency in the Lungs, will almost certainly in asthmatic People induce Fits - Sir John Floyer avoided every kind of plaister to the Thorax, because of the constriction thus produced - Upon this depends the sensibility of asthmatic people to the weight of the air, almost equal to that of the Barometer - The air of the highest mountains disagrees with them, though we consider it clear and pure - Every Stimulus applied to the System will excite the Lungs, and induce the Fits - From hence it is evident that the disease depends on overdistention of the Lungs - Hence the first Remedy is blood letting, which in all beginnings of Asthma is useful - Hoffman proposes bleeding as an absolute Cure, and gives Example of its good effects - It is very common for Venesection to give relief in the Fits, chiefly when violent and in the beginning of the disease, though it rarely takes off the fit entirely - and when the disease is fully formed,

is far from relieving, it is allowed to do harm - This may be explained in two ways.

A. The repeated bleeding increases the plethoric state.

B. Though Asthma is brought on and increased by the plethoric state in the beginning, yet it depends much more afterwards on a mobility in the System of the Lungs, which makes them liable to be affected by causes operating on the nervous system - But to obviate plethora, and Turgescence in the Lungs, the Antiphlogistic regimen is necessary, and therefore -

Purgatives, as a part of it - But there is a particular reason in asthma for Purgatives - The fits are attended with Inflation and flatulence of the stomach and intestinal canal, which implies that the spasm is extended to the Alimentary canal, which occasions a stagnation of its contents, and cessation of its motions, and therefore relieves asthmatic people more than

Glysters, which are soon followed by a loose stool - On this account frequent Purgatives are often useful in asthma, to keep the belly constantly open. But at the same time it has been constantly observed that

[Faint, illegible handwriting in cursive script, likely bleed-through from the reverse side of the page.]

that a
ation

ant-
roy
chiat
Vpelli
are m
who a
are p
your
system

other p
here
unfal
and
upon
this
and a
for a

that a sudden large Evacuation, inducing a sudden relaxation, is very liable to bring on asthmatic fits.

Blisters too are certainly useful, even as relaxants. But are scarcely admissible in the time of the Paroxysm. And Iffels are much to be preferred, as obviating the accumulation of Coagulable Lymph in the Vessels. And from much Experience I assert that Iffels are useful in asthma, in opposition to Sir John Floyer, who did not apply them to the head and back, where they are particularly useful. But that he was not relieved by Iffels is to be explained by the Particular mobility of his System, and from the long standing of his disease.

The Turgescency and rarefaction of the blood require other parts of the cooling Regimen. And Aids have a place here. Native Aids, as Lemon Juice, have often been found useful, but they are precarious, and inferior to Vinegar and Citric Aids. Sir John Floyer bestows much pains upon this subject. Nothing better illustrates the use of Aids here than their known Utility in Hemorrhages; and accordingly cooling Salts, particularly Nitre and, for a reason I cannot explain, Sal Ammoniac, as mentioned

mentioned
 Lima
 are the
 are in
 -mati
 very pr
 of mea
 is gene
 animal
 that sup
 er, after
 cultici
 asthma
 inflatio
 re four
 -hand
 other -
 and ac
 ven to
 in vir
 Vegetal
 the leg
 is, the

mentioned by Sir John Floyer and other Empirics - As warm
 Drink for the most part increases the fits, Cold Drinks
 are therefore necessary, but the cold drinks must be such as
 are fermentable - Sir John Floyer has suppressed asth-
 matic fits by Toast and water alone - Small beer is a
 very precarious remedy - Toast and Water will be better,
 if moderately acidulated with Vitriolic acid - Abstinence
 is generally necessary, and we should wholly abstain from
 animal food during the fit - It is also universally agreed
 that suppers are at all times to be avoided - Sir John Floy-
 er, after sometime, could not bear them - There are diffi-
 culties with regard to other Articles of Diet - Commonly
 asthma and dyspepsia are combined - I have mentioned
 Inflation and Flatulency, as symptoms of both - Both
 are founded on the same Atonia - It is easy to under-
 stand how atony is transferred from one Viscus to an-
 other - Under this combination, fermenting Liquors
 and Aliments are to be avoided, and animal food should
 seem to be necessary - This seems to have been the case
 in Sir John Floyer himself - I have generally found a
 Vegetable Diet the most agreeable to Asthmatic people.
 The less these people, as Sir John remarks, are nourish-
 ed, the longer are the Intervals of the fits; and ought to
 be

use a spare low diet - I am not yet persuaded that one or at most two dishes, are not enough - It is necessary to avoid animal food in Cases of Dyspepsia however there is an exception, it being here necessary - all food of difficult solution, as fat young meat, &c., is much to be avoided - Sir John Floyer advises the same - all firmer and more solid tenacious Vegetable substances, give more acidity and flatulency - Pie-Crust has chiefly that effect - Upon the amount of difficult solution, Milk is an ambiguous diet, in asthmatic people, though it is used as a part of Low diet - Milk is always more or less coagulated in our stomachs, and in that state it is always of more difficult solution - There are stomachs that cannot bear it, but especially Cream - These are the principal Rules of diet in asthmatic people - But different views arise here from other Seasonal Causes -

There are asthmatic Cases where there is a suspicion of Plethora, and where the disease depends on Causes operating on the Nervous System - such as Passions, unusual Emotions of the mind, sudden bad News, or any other Cause of sudden Joy or Sadness - It is connected with Nervous disorders, as Epilepsy, Hysteria

It is a great deal of time that I have spent in writing this letter, and I am sure that you will find it very interesting. I have been thinking of you very much lately, and I have been wondering how you are getting on. I hope you are well and happy. I have been very busy lately, but I have managed to find some time to write to you. I have been thinking of you very much lately, and I have been wondering how you are getting on. I hope you are well and happy. I have been very busy lately, but I have managed to find some time to write to you. I have been thinking of you very much lately, and I have been wondering how you are getting on. I hope you are well and happy. I have been very busy lately, but I have managed to find some time to write to you.

It is a great deal of time that I have spent in writing this letter, and I am sure that you will find it very interesting. I have been thinking of you very much lately, and I have been wondering how you are getting on. I hope you are well and happy. I have been very busy lately, but I have managed to find some time to write to you. I have been thinking of you very much lately, and I have been wondering how you are getting on. I hope you are well and happy. I have been very busy lately, but I have managed to find some time to write to you.

Hysteria, and Dyspepsia - Van Helmont, an Author whom I should have mentioned for the great number of facts he has concerning this disease, says "Quicquid sanat Epilepsiam sanat Asthma" -

Asthmatic are often readily brought on by various Odours - Sir John Floyer mentions a Lady, who in so many words wrote down that "she had a fit every time she smelt a Stink" - Smoke and Dust, &c, affecting the Lungs, will bring on a fit - Every Vicepitude to which the Lungs are exposed, as much Speaking, vicepitudes of the Atmosphere, produce this effect - and whereas Asthmatic people pursue free air, many are better in great Cities than in the Country - We cannot explain this better than by saying, that in the Country we are most exposed to Vicepitudes of the Air *. In proof of the same Asthmatic people are attacked with Spasms, and have a profusion of Limpid Urine, as in other nervous affections; and lastly the disease is cured by Tonics and antispasmodics - Here, then, are two Cases of Asthma

* The Barometer shews a change in the Weather almost half a day sooner in the Country than in Town -

Asthma
 a. Go on
 b. In on
 Antyp
 as on
 on the
 -ence,
 liable
 but to
 Lung
 the for
 System
 Bleed
 well
 the p
 from
 of Lungs
 both O
 me for
 a
 use of
 with

Asthma, or at least two Indications.

- a. To obviate Urgency.
- b. In other Cases to avoid Causes of Spasm, and employ antispasmodics -

But it is difficult to distinguish these two Cases, as on any supposition, every Cause of Urgency, and on the other hand, even in Cases of more pure Urgency, every Cause of Spasm affecting the Lungs, is liable to bring on fits - There is no explaining this, but by supposing such a mobility in the state of the Lungs, as to render them liable to be affected by every Viceitude, whether in the Sanguiferous or Nervous System - Hence we understand how in violent fits Bleeding may be useful, and how, when the disease is well confirmed, it may be dangerous, as increasing the Plethora, and diminishing the Tonic of the system. From this, that in the Nervous asthma, every cause of Urgency may bring on the fit, we deduce that in both Cases all parts of the antiphlogistic Regimen are necessary -

As for the Remedies, there is a foundation for the use of Vomits in the combination of Dyspnea with asthma - Further, I have told you how to
distinguish

distinguish Asthma humidum and Siccum; - and how, commonly, the asthma siccum and convulsivum is changed into the humidum - But asthma is often combined with Catarrh, in which Vomith may be useful - As a pectoral, Vomith may prevent, or greatly moderate the fit, being taken a little before; but in the fit we dare not employ Vomiting, as actual suffocation has, sometimes, be the consequence of it, and in this state, and when the disease is fully formed, we are cautious of urging the blood in the Lungs, as Asthmatics possess a very great degree of sensibility -

Purgatives in Spasmodic and Dyspeptic Asthmata, are necessary to keep the belly open, - But, chiefly in the more pure nervous asthma, great evacuations are dangerous -

Exercise is of use, by supporting the Tone of the System, but chiefly by supporting Perspiration. When I spoke of the necessity of Cold air, I should have mentioned that cold air, in as far as it tends to promote Perspiration, is very useful - Gestations have also been found extremely useful; - but no persons are so unfit for bodily Exercise as Asthmatics, as it affects the Lungs - These Remedies may relieve but they

they seldom cure - Few diseases are more rarely cured than Asthma -

But from the last view we have taken of it, it is plain that the cure should be attempted by Tonics and Antispasmodics - And accordingly Fetics and Volatile alkali, have been tried for this purpose - But they give a temporary relief only, and are hurtful by being stimulant and disagreeable - Sir John Floyer gives one Instance, and I have known many, of Spiritus C. C. though commonly employed, increasing asthmatic fits, and even exciting suffocation - Generally all such Remedies are hurtful, as you may see in Sir John Floyer -

What Musk may do in this disease, I have not yet been able to learn - Mevrius, & Muller, &c gave Opium as a very certain Remedy - Sir John Floyer, Dr Ridly, and many other Practitioners, frequently employ it - On the other hand, many blame it - Opium may occasion a Turgescence of the whole system, and even, in spasmodic asthma, the too long use of it, may at length destroy the Tone of the system, and thus increase the disease it was intended to cure - But from the general view of this disease, and from the Experience of many Pract

Practitioners, I should think Opium might often be useful - Tralles blames Opium in Asthma, and gives a case to confirm his opinion - But in that case he has mistaken an Hydrops Pectoris for an asthma -

After antispasmodics, Tonics are to be employed. It is ^{un}necessary to prove this more fully, after what has been said of the Mobility and Atony on which asthma may depend - Sir John Floyer mentions a Lady who was cured by the Bark - I have seen such Cases, chiefly in exact periodic asthma -

On the subject of Asthma, I must depend much, for the application of what I have said, on your sagacity and judgement - I have done nothing more than putting you in a proper Train to judge of the difference between dyspnoea and asthma - I have considered this disease under two views -

- a. From the Plethoric state of the Lungs -
- b. Without regard to Turgescency and Tharrefaction, which are often absent, From a consideration of a Spasmodic affection of the Lungs, seized with a particular mobility -

I have considered the Remedies proper on both suppositions - On the last the disease must be treated by Antispasmodics, chiefly opium - The difficulty of its appl^y

The first of these is the fact that the
 second of these is the fact that the
 third of these is the fact that the
 fourth of these is the fact that the
 fifth of these is the fact that the
 sixth of these is the fact that the
 seventh of these is the fact that the
 eighth of these is the fact that the
 ninth of these is the fact that the
 tenth of these is the fact that the

Application I have pointed out - To Antispasmodics, in order
 to complete the cure of Asthma, we must join Tonics -
 It is needless to repeat that, perhaps every Spasm depends
 on irritation or atonia, and that Tonics, removing atony, are
 the chief remedy in this case - Accordingly, even in the
 time of Sir John Floyer, it was found that the Peruvian
 Bark was of remarkable use - We have there the
 case of a Lady chiefly benefited by this; and there are
 many other Examples of it - As far as my Experience goes
 I have also found the same - In cases of Urgency, the
 Bark is doubtful; and you must apply what I said of
 it in Epilepsy - Though the Bark is a powerful remedy,
 yet its effects are by no means permanent - They do not
 last 24 hours, nay often not six hours, as we see in the
 fit of an Intermittent, where a less quantity near the
 fit will answer the purpose better than a much greater
 quantity at a greater distance - And this is the reason
 why we so often use the bark unless in asthma - It is
 chiefly useful when the disease is exactly or usually re-
 curring; as in some cases it is influenced by the Moon
 There is indeed somewhat very obstinate in habitual
 diseases, and I know of no instance of an asthma well
 confirmed, that was absolutely cured, even by the Bark:
 But of much relief, and considerable diminution of fre-
 quency

frequency of fits by it. I know many instances - There is a probability that other Tonics would do very well - Sir John Floyer, after other Remedies, mentions Bitters, which may be considered as Tonics, though less powerful than the Bark - They were useful with regard to the Complaints of the Stomach, though but little so with regard to the Asthma itself -

Another Tonic are Chalybeates, which are frequently employed in Asthma - But what is surprizing, they have been found useless, nay hurtful - The Lady men tioned was the worse for drinking water of Steel - To what this is owing, I am at a loss - But Asthmatic people must not only take little meat, but also little drink - Sir John Floyer was obliged to measure it to a very small quantity - May not mineral waters prove hurtful in this way?

Gen. LII. Pertusis

This is not a common Term, but Compound names, such as Tussis Convulsiva, and Tussis Infantum, cannot be employed as generic Names - It is called Chin Cough or Whooping Cough, a disease noticed by authors, and which seems now to be
Epid.

Epidemic in this City - Within three months I have
seen more than fifty Cases -

The disease begins commonly as an ordinary
Catarrh, and it is difficult to distinguish whether it has
arisen from accidental Cold or Contagion, except when
the disease is Epidemic, from which we may form a Judge-
ment - "Morbus Contagiosus; Tussis convulsiva,
"Strangulans, cum inspiratione sonora, iterata; saepe
"vomitus!" Sometimes it varies much in the same
family; but the proper form of it is the hink, in
French Quinse, or Convulsive Cough - Every cough,
however, is properly Convulsive - But every body knows
that there is something voluntary in it, though there may
be something about the will - If it be too violent and
Frequent, we say often in common Catarrh, "It is almost
"a hink" - The repetition of it is extremely quick - The
Child grasps at any thing in its way, to keep the body
firm in such violent agitation - By this it is distin-
guished from common Cough; and also by giving
way to full inspiration, as if the Organs were suddenly
relaxed, which is the cause of the hooping - "Respiratio
sona

distance in this case. It is the same as in the
case of the other two cases.
The other two cases are as follows:
Case 1. A distance of 10 feet. The distance
from the center of the circle to the center of the
circle is 10 feet. The distance from the center of the
circle to the center of the circle is 10 feet. The distance
from the center of the circle to the center of the circle is
10 feet. The distance from the center of the circle to the
center of the circle is 10 feet. The distance from the
center of the circle to the center of the circle is 10 feet.
Case 2. A distance of 20 feet. The distance
from the center of the circle to the center of the
circle is 20 feet. The distance from the center of the
circle to the center of the circle is 20 feet. The distance
from the center of the circle to the center of the circle is
20 feet. The distance from the center of the circle to the
center of the circle is 20 feet. The distance from the
center of the circle to the center of the circle is 20 feet.
Case 3. A distance of 30 feet. The distance
from the center of the circle to the center of the
circle is 30 feet. The distance from the center of the
circle to the center of the circle is 30 feet. The distance
from the center of the circle to the center of the circle is
30 feet. The distance from the center of the circle to the
center of the circle is 30 feet. The distance from the
center of the circle to the center of the circle is 30 feet.

sonora, strata," for immediately after this the Convulsion is renewed - Commonly it is repeated by twice, though sometimes, but rarely, three or four times - Commonly in the beginning there is no Expectoration; but by degrees, and chiefly in consequence of the second Cough, a quantity of Mucus, gradually increased, is thrown out. This at first is nothing but an ordinary transparent Mucus; but it thickens by degrees, and puts on an opacity approaching to purulent appearance - When Expectoration is more considerable, it is finished at the second Cough - another Circumstance is that, Expectoration excites a Convulsion, which puts an end to the present fit, whether there be an evacuation or not - In Children approaching to Adults this is the proper form of the Chinough -

As for the duration, I hardly recollect having seen a Chinough finished under three weeks; but commonly between this and three months it admits of a Cure; though it often lasts longer, and I have known it continue two years - I have known it remain longer, but in such a manner that every common Catarrh, even after seven years, puts on the appearance of Pertussis -
In

In Children past even years, or in adults, it is not attended with other Circumstances, and is not very dangerous - In young Children frequently much blood is thrown out at each Cough and Expectoration - I have known a family where six Children, seized with the Chin-cough at once, threw out blood at every Cough; and in one it proved fatal. This blood comes sometimes from the Nose, sometimes from the Eyes, or Lungs - From the Lungs it is always dangerous; but blood from the Nose is a favourable Symptom, and is attended with a good effect, as it renders the disease safer, and puts an end to it -

Another Circumstance of more consequence is, that sometimes the disease begins by an inconsiderable fever - But often it supervenes, and then it is that it is dangerous - Nothing surprises and affects me more than the opportunity I have here of observing how uncertain the Facts of Physic are. The accurate Sydenham says, that Fever never attends Chin-cough - He takes notice of an Epidemic Catarrh which approached to Pertussis, but was distinguished from it by the Fever - For he says "me non
videt."

"videlicet memini Febrem in Tasse Puerorum"

As for me, on the contrary, I have never seen it epidemic, but febrile Cases were as frequent as others. That fever is often continued, commonly remittent, and sometimes Intermittent. It begins in the morning, and encreases at noon and in the Evening, till at length it puts on the form of a *hectic* , obscure in the afternoon, but considerable in the Evening, with night-sweats, copious in the superior, but seldom extended to the Lower Extremities - I have known the fever to the degree of producing Delirium in the night -

Another Circumstance to be noticed is the *Dyspnoea* , or difficult Breathing, occurring in some a little before the fit, in others during the fit, and sometimes after, with which the Fever chiefly marks the Fatality of the disease. The Expectoration at this time resembles Pus - We unluckily have no dissections of this disease, to satisfy us, but I suspect that from the violent agitation of the Lungs, Tubercles may be formed, which afterwards suppurate - I have to add that this disease is epidemic, depending on Contagion, and therefore on the Introduction of a foreign matter into the body; and as, in all the
such

such -
the
that
fell
is a
But
many
witho
had

7 per
 Respe
 his m
 again
 Let
 be a
 plan
 the
 such
 intro

Hen

such cases, we know nothing of the nature of the disease, except from its effects. It is observed that this disease commonly prevails with, and follows the Meazles, whence we argue that there is a connexion and similarity between them. But we know that they are very distinct. for many children have had the Meazles this winter without Chin-cough, and many the Chin-cough who had the Meazles long before.

Cure. Sydenham says that this is "Malum pertinacissimum et plane insuperabile." *Quist. Respons. ad Rob. Bradley pag. 312.* He then gives his method of Cure. Let those who constantly exclaim against Theory, and argue from Sydenham's Empiricism, Let them, I say, read this, and tell candidly whether he be a Theorist or not. "Alii quid valent hic prestare plane nescio &c." Surely this is not much better than the theories of Sir John Floyer. There are many other such instances, of his having every where a Theory. This introduces our method of Cure.

The best Authors cure this disease by Venesection and purging. But this *Pertinacissimum*

A *per se* insuperabile malum will resist both these remedies - I own that in Robust Children, and in the beginning of the disease, bleeding may be useful to moderate the disease; and so far the Practice is safe - But I constantly find, that when the fever is considerable, all the Symptoms are increased by bleeding - As to Purgings, it sometimes spontaneously prevails in this disease; but it is not critical, and neither relieves nor shortens the disease - Costiveness aggravates the disease, and is therefore to be avoided - But after many trials I have not found Purgatives useful -

Issues have been employed with advantage - I have just now an Instance where from an Issue the disease was very greatly relieved, but returned again upon drying it up, but upon renewing the Issue was immediately relieved -

Vomiting is of more importance than any remedy yet mentioned - When spontaneous is very safe and useful, as is known to our Common Nurses - I have found that artificial vomiting answers the same purpose - I have at first excited Vomiting by art, and it afterwards became spontaneous - Spontaneous Vomiting is often critical - It is an Emulgent of the Bronchial Glands, a good Expectorant, and therefore useful; as besides it takes off the deter-

determination of the Lungs - As it has generally been perceived that Vomits were useful in this disease, some have imagined that Emetics given in small doses, so as only to excite Nausea, would be better - Frederic Clossius has wrote a *Treatie Nova Ver. Med. Methodus*, at the end of which he gives many observations on the Chinough, and assures us that he has found the *Sulphur Auratum Antimonii* often useful in it - But we know that other Antimonials must be given in a Nauseating or Emetic dose to produce their effects - Dr Fothergil has told us in the *London Med. Essays and Observations*, that he has cured Pertussis by Tartar Emetic, mixt with Testaceous Powders, in small doses, which he found safe and useful. I would not wish to criticise the Practice of a Man whom I respect, and of such authority as Dr Fothergil, but must observe that Testaceous Powders decompose the Tartar, and are therefore improperly combined - The common liquid form of giving Tartar Emetic is much better - By that means a certain degree of fever is abated - But if the Fever is inconsiderable, obscure, or Intermittent, and much more still if Intermittent, the Peruvian Bark is much more useful - Thirty years ago Dr Burton of York recommended for this disease Cantharides, Camphora, and Peruvian Bark I used to

I employ his Prescription, but being affraid of the Can-
tharides, I neglected them, and used the Bark alone, which
I found answer as well - Whenever Children will take
it in sufficient quantity, and when the fever is Inter-
mittent or Remittent, I employ it constantly with
success -

Other astringents have also been employed -
The Musculus Pipidatus of Dr Willis is no other than an
astringent, which is confirmed by his employing TART,
and putting the Child in a Mill, in this disease - I have
known Fear, which I told you was at Onie, stop the
fit for many days - Probably this disease should be
attempted by Antispasmodics -

Dr Morris of London employed Castoreum.
I have employed it without success -

Musk has been proposed and employed
with advantage - I think it the best Antispasmodic -
But I don't speak from my own Experience - As a
Catarrhal disorder, Expectorants are employed, but
with no benefit - Squills and Gum Ammoniac I
have known to be entirely useless - Squills may perhaps
be useful as Emetics, but are disagreeable as being
Nauseous - Sweets and Mucilages are useless, and
only load the Stomach - There is nothing that has been
more

more recommended in this disease by old Women, and not without foundation, than a frequent change of air. I have known a Child whose fits were stopped by carrying him from Town to Country; but on the lapse they were stop'd again by carrying him to Town, and so on till the disease is in a great measure broke. In all Convulsive diseases, entire change of habit, as we have seen in Epilepsy, is of considerable service. In most Cases of Chincough this is very practicable, though in some Cases of Considerable Fever, as I have sometimes seen, it may prove hurtful.

We have now done with the Consideration of Spasmodic affections of the heart and Lungs, the Organs of our vital Function. We come now to treat of such Analogous affections of the Organs of our natural functions. Perhaps something of this kind occurs on every system of Exordies. But, except the Diabetes, all such affections that we know occur in the Stomach. You might expect I should begin by Vomitus. But it is very universally a symptomatic affection. I am certain that in 99 times in 100 at least, it depends on affections of other parts. And when from the Stomach, it is either from Inflammation, Scirrhus, or certain Ingesta, of which the nature is so obvious, that their effect does not deserve a place in our System.

G. A. M. P.

Gen.

um co,

vis,

Two -

L 107

by the

10000

24

10

10

11

1870

11 Rue

-ma

um

2

10

"In functionibus naturalibus!"

Gen. LIII. PYROSIS.

"Epigastrii dolor urens,
"cum copia humoris aquei, plerumque insipidi, aliquando
"acris, eructata."

This is not distinctly marked in any Systema-
-tic - It would seem from the account of authors to
be common only in Lapland - But I believe it is
frequent in all Countries, but is confounded with Cardialgia.
Savages has not accurately described it - If I were to consider
Cardialgia as a disease, I should have no objection to including
Pyrosis with it - But the Cardialgia is always symptomatic,
and chiefly of Dyspnoea - The Pyrosis is Idiopathic, attacking
chiefly laboring people, and known here under the name of
Water-brash -

The Symptoms are a pain in the region of the Sto-
-mach, sometimes extending down to the Umbilicus, but most
commonly at the end of the Sternum, or as we say in
Scrobiculo Cordis, spreading along the Oesophagus - There
is no sense of distention, but the stomach is rather drawn
in, similar to the morbus Ventriculi - A watery Liquor
is brought into the mouth, with a sense of heat - The
Liquor is thin, fluid, colorless, commonly insipid, sometimes
acid

acid, chiefly acid - This disease affects almost all ages, before puberty, and continues through life - affects both Sexes, chiefly the female, particularly barren Women, and those seized with fluor albus - sometimes it is combined with Dyspepsia, but commonly not - often it seems to be induced by acid, astringent, rancid, Empyrematous food - But on other occasions it proceeds from no evident cause, or without Indigestion; but is particularly liable to attack when the Stomach is empty - Though there be no sense of distention of the stomach, there is a sense of gnawing, tearing, rugging - and the Stomach is drawn inward - When the pain is at the Cardia, and extends to the Orophagus, it is attended with a sense of acrimony, and the spitting is preceded by obscure Eructations -

The Theory of this disease may seem difficult, but I hope it is not so far as it is attended with Eructations from acrimony, manifestly acting on the Cardia, I have formerly explained - Nor is there any difficulty in explaining how much fluid is thrown out of the stomach - But why is the fluid insipid? From the explanation of Cardialgia, Ructus, Morsus Ventriculi it appears that they proceed from a moderately inverted motion of the Stomach - But a violent convulsion
will

[Faint, illegible handwriting in cursive script, likely bleed-through from the reverse side of the page.]

[Faint, illegible handwriting on the right edge of the page, likely bleed-through from the adjacent page.]

will certainly emulge the Imunatories of the Stomach. There are contractions of Excretories, which straighten the passage, but do not stop it entirely; and if the Constriction be of the Convulsive kind, it may be the cause of increased Secretion - But only the thinner and more fluid parts will pass off, the grosser being retained - But this would be mere Theory, if we did not know certainly that the Diabetes, Hydrops, which consists of an increased flow of Urine, with foul smell or Taste, is to be explained in the same manner; (and I shall have occasion to say, that the same thing happens in the survy) all are agreed that in that disease the Excretories are agitated with convulsions, which augment the Excretion; but in such a manner that the more gross saline and oily parts are retained - This takes place also in the survy, where the perspiration goes on, except only that the grosser parts are retained in the blood and form the disease - This appears to me to be the Case in Pyrosis, from the consideration of the Phenomena -

CURE - This is very difficult - I know many persons who for many years have been often liable to it, with, or without, evident Causes - I hinted that it is often a symptomatic affection, particularly of the Fluor Albus - When this is the Case the primary disease is to be attended.

2. Whenever this disease happens from evident Causes, such

such as food, &c. the Cure will depend on avoiding the occasional Causes, or, sometimes, preventing their effects - If it be attended with acidity, alkalies will be proper -

3. When this is not the Case, we find no other remedy of Relief, but that powerful antispasmodic, Opium - But if given in a liquid form it be returned, by the Eructation before its Operation, and though it must be given it in substance and in very small pills, as being more liable to sink and escape the Cardia than big ones - When the disease is joined with Dyspepsia, Aromatics, Tonics, Chalybeates, Habituall Laxatives, and other Remedies used in Dyspepsia, are proper - But often it resists all Remedies; and sometimes returns regularly, in which Cases, I think, I have seen the Bark useful -

Gen. LIV. Colica.

Char. "Dolor abdominis, praecipue circa umbilicum torrens; vomitus; alvus adstricta." This

This subject is embarrassing and perplexing - I will clear it as well and as shortly as I can, avoiding to take notice of particular Opinions - In many cases this is unavoidable and useful, but not so much as I could wish

Vol. IV.

wish, as it supposes a full previous reading of Authors, which is not to be expected till a second course - Therefore I will deliver my own doctrine.

1. Almost every pain of the lower belly has been called a Colic. But we limit it to an affection of the Intestines; and this is often known with difficulty, yet I think we can ascertain it.
 - a. By the seat of the pain; when it is not more distinctly felt in the region of the Stomach, Liver, Bladder, &c, but about the navel - The Pancreas, Mesentery, and Omentum cannot well be excluded - But pains arising from the affections of these Organs, are almost entirely of the Inflammatory kind, which we exclude from the Idea of Colic.
 - b. We judge from the manner of the pain, which Linnaeus has justly called Dolor Umbilicalis. I think that every propensity to remove obstruction of the Intestines, excites the action of the Abdominal Muscles by sympathy, Ratione Officii - From thence we understand why Uneasiness of the Intestines often affects the Abdominal Muscles to a considerable degree - But every Oscillation of these, will be felt in the tendinous parts, in the Linea Alba, but especially near the Umbilicus, where they concur - Hence the sense of gnawing, tearing &c - and hence the Navel is drawn inwards - though there be a constant Alter

Alteration of motion, yet there is also a constant spasmodic constriction, and the abdomen feels like a bag of apples. The abdominal Muscles are then under different degrees of Constriction; and without speaking of Oscillations propagated to the extremities, these Constrictions must be combined together near the Navel. Hence the bending of the Belly forwards. The other Viscera may be affected with pains, but hardly any other disease than the Colic is attended with Dolor Umbilicalis.

d. By the affections of the functions of the part, Vomitus, Alvus adstricta, &c. But vomiting is very ambiguous, and may arise from many other affections; and Alvus adstricta may also arise from affections of the Kidneys, but is never so obstinate and resisting & Glitens. Stones in the biliary ducts are sometimes accompanied with umbilical pains; perhaps from true Colic, but are soon followed by symptoms of jaundice. Nephretic pains are also distinguished from Colic, by symptoms of affections of the Urinary passages, such as the course of the pain along the course of the Ureters; and chiefly the change of Urine. Sydenham says that in Colic the Urine is higher coloured. In Nephritis it is commonly clear and limpid.

149
The object of the present paper is to show that the
moral philosophy, and the political philosophy, are
of equal importance, and that the former is
the basis of the latter, and that the latter
is the result of the former. The object of the
present paper is to show that the moral philosophy
is the basis of the political philosophy, and that
the latter is the result of the former.

The object of the present paper is to show that the
moral philosophy, and the political philosophy, are
of equal importance, and that the former is
the basis of the latter, and that the latter
is the result of the former. The object of the
present paper is to show that the moral philosophy
is the basis of the political philosophy, and that
the latter is the result of the former.

imp
ing
to
m
alwa
B
amb
H
-rid
ben
rain
it is
Loc
wh
att
Mor
-tion
wa
Em
-ato
it
chan
prop
does

limpid - By these Characters, therefore, the Pains, Vom-
 -iting, alvus astricta, &c. I think we may distinguish
 the disease - I said the Idea of Colic excludes Infla-
 -mation, as expressed in the Character of the Class, which is
 always to be understood in the Character of the Genus.
 But if so, why did I put *Flux* and *Passio iliaca*
 among the Synonyms of Colic? Because I considered
Flux as a higher degree of Colic, not necessarily accompa-
 -nied with Inflammation - The Character of *Flux* has
 been given as constant vomiting, with high acute
 pain, which may arise without Inflammation - But then
 it is only symptomatic, as for example, of the
 Colic I have seen but two cases of *Flux* - In one of
 which there was a Vomiting of *stercoraceous* matter,
 attended with Inflammation, which ended fatally in
 Mortification - The other case was vomiting of Inje-
 -ctions by the mouth; but the person recovered, and there
 was no fever, nor any suspicion of Inflammation - An
 Eminent Physician, Sir John Pringle, would infer-
 -ate that there is always an Inflammation - But when
 it begins, and subsists long, as a Colic, and at last
 changes into Inflammatory *Flux*, it is Enteritis - The
 proper *Flux* differs from Colic only in degree, which
 does not constitute a Genus -

With

and
more
appe
I rec
not
There

diff
But
and

app
M

and a
rail
of the
of the
1. B.
2. B.
3. B.
0

With regard to the Cause, it is a Spasmodic Con-
striction of the Intestines which occasions Albus astricta
and Vomiting, either from an inversion of the Peristaltic
motion, or from Sympathy - As this Proximate Cause
applies to all Species, it is not necessary to distinguish
Species, which could be done only from Remote Causes,
not influencing the Proximate Cause or the Cure -
Therefore I shall enter into no distinction of Species -

You would expect I should distinguish Colics, as
differing in their Effects, as the Colica Pictonum -
But I shall say there is no difference, except in degree,
and that all Colics are cured by the same Remedies,
applied proportionally - Therefore we proceed to the
Method of Cure

Cure. We have settled the Pathology of Colic,
and are now come to the method of Cure - From the Pathology
laid down, our Indication is obviously to remove the Spasm
of the Intestines, which is the fundamental Circumstance
of the disease - This is to be done in three ways

1. By Relaxant Remedies -
2. By promoting the action of the superior Parts.
3. By mechanical Dilatation -

Relaxants, such as Venesection, Blisters
Anth

Antispasmodic Medicines, Emollient Applications -

a That Bleeding may remove Spasm, even of this kind, may not appear at first sight - But consider that such a Spasm is in some measure communicated to the arterial System, and in relaxing this, bleeding will remove the original Spasm - Bloodletting is therefore of use thus; but it is also useful on another account, as the Spasm, by impeding the course of the blood, is very liable to induce Inflammation - I have seen a fever brought on in consequence of this Spasm - In all vigorous and Robust people, therefore, this consequence is to be obviated by Bloodletting - Many Physicians have considered Pleurisy as purely inflammatory: I have said why not; and yet bleeding, though not essentially necessary in it, is a good Prophylaxis against supervening Inflammation -

B. Blitters from Experience have been found useful in taking off Inflammatory Spasm; but they are also useful in others - I have found them useful in Colic, the most free from suspicion of Inflammation - We have seen that in consequence of the Evacuation they induce, Relaxation ensues, which communicates to the adjacent parts - Sir John Pringle objects that they prevent the use of other more powerful remedies, Warm Bathing; Employ

warm

176
The following are some of the
most important points of the
theory of the mind, and are
of great importance to the
philosopher, and to the
practitioner of the law.
The first point is the
nature of the mind, and
the second is the
operation of the mind.
The third point is the
relation of the mind to
the body, and the fourth
is the relation of the mind
to the world. The fifth
point is the relation of the
mind to the soul, and the
sixth is the relation of the
mind to the eternal world.
The seventh point is the
relation of the mind to the
divine world, and the eighth
is the relation of the mind
to the infinite world.

warm Bathing before blistering, and 24 hours after the Blister is dry I can repeat Bathing, and find no inconvenience from the application of warm water to the Blistered part.

d. Antispasmodic Remedies, of which Opium is the chief, and is very necessary.

1. To remove the pains, which are sometimes so exquisite as to have been called Miserere, which in proportion to their degree give suspicion of more or less violent Inflammation.

2. Because violent Colic is attended with Vomiting, which prevents the use of other Remedies, which cannot possibly be employed till the Vomiting is quieted by the use of Opium.

3. To relax the Spasm directly - Opium is therefore suited to this disease, in proportion to its violence. Vomiting, however, will often frustrate the administration of Opium - I have said that this may be obviated by giving it in small Pills, and if this fails, Plaisters of Laudanum will often answer. There is a case of Vomiting, sometimes attending Diarrhoea, in which we cannot employ Opium, because it is immediately rejected. In this case Plasters, with Opium in large quantity* will be as effectual. But in the case of Colic, this is not a common Practice, and not eligible, because it leaves a Torpor on the parts chiefly affected. But I would often employ it, when other remedies fail

* Gal. 40. vel. 50

...the ... of the ...
...the ... of the ...
...the ... of the ...

...the ... of the ...
...the ... of the ...

...the ... of the ...
...the ... of the ...

...the ... of the ...
...the ... of the ...

...the ... of the ...
...the ... of the ...

...the ... of the ...
...the ... of the ...

...the ... of the ...
...the ... of the ...

...the ... of the ...
...the ... of the ...

fail - Though Opium be a good Palliative remedy, yet as it induces Torpor, and as the disease often depends on retention of feces, Opium retards on one hand as on the other it favours the cure -

1. Another Remedy to relax the Spasm, almost as powerful, though not so permanent as Opium, is *Emollient Applications on the Belly* - But this is a much more imperfect remedy than immersing the whole Lower Extremities in Warm Bathing, by which the Extremities are exposed to the relaxation induced by heat and moisture, which, from the connexion between the feet and stomach, operates effectually on the Intestines - At the same time it has no tendency to induce Torpor, or retard the action of the Intestines; - On the contrary, it tends to excite it - I have often seen a stool in the Bath -

2. None of all these Relaxants are sufficient, as will be the case, they being only, as it were, preparatory to the second means of Cure, we must farther excite the action of the Intestines; - and in order to stimulate them, resolve the Spasm, and bring down their contents, which is often the Cause of the disease - Purgatives are given either by the mouth or Anus - We employ chiefly Glysters, because the disease is more frequently in the great than in the small gutts - But the excited action in one part of the canal, will be propagated to the whole - We begin by the least Stimulant, to prevent Inflammation, such

1771
I have been in great distress many years
and in many ways, and for the reason of the
distress of mind, I have been in great
distress of mind.

I have been in great distress many years
and in many ways, and for the reason of the
distress of mind, I have been in great
distress of mind.

I have been in great distress many years
and in many ways, and for the reason of the
distress of mind, I have been in great
distress of mind.

I have been in great distress many years
and in many ways, and for the reason of the
distress of mind, I have been in great
distress of mind.

I have been in great distress many years
and in many ways, and for the reason of the
distress of mind, I have been in great
distress of mind.

I have been in great distress many years
and in many ways, and for the reason of the
distress of mind, I have been in great
distress of mind.

I have been in great distress many years
and in many ways, and for the reason of the
distress of mind, I have been in great
distress of mind.

I have been in great distress many years
and in many ways, and for the reason of the
distress of mind, I have been in great
distress of mind.

such as Saline Glysters, made chiefly of common Salt; and it is unnecessary to trouble ourselves with other Formuls - yet those that are either too gently and weakly Stimulant, or too transitory, often fail - Therefore we are often obliged to proceed to more powerful and permanent ones, among which Turpentine is the chief, either by the Mouth or Anus - But it is apt to induce Inflammation - Its preparation is troublesome, and its exhibition requires some address to measure exactly the quantity (which is generally about an Ounce). We are often obliged, however, to have recourse to the more acrid Purgatives, and those that we can most depend on, from their strength, though they are apt to induce inflammation - Of these the most powerful is Colocynthis (*Antimonium Catharticum* ℥ij. vel ℥iij. with Saff. Emet. ʒi to ʒi have been used in Glysters). But with regard to all these stimulant Glysters, the disease may be such, and occasioned by such a retention of Faeces in the lower parts of the Intestines, that Glysters will often fail; for they are active only in proportion to their penetrating further. Another kind of Glysters penetrating further, is the smoke of Tobacco. We have reason to think it will pretty far up, as it has been found to reduce incarcerated Hernia - But the Engine must be good - Shaffer of Natisborn, a man of great natural industry, has

Carefully

lately
con-
-triv-
often
there

ing
repla
mote

22
Near

Ba.

Von

11

the

me

9

your

-mg

Am

con.

clg

Far

an

(w.)

lately offered a double Syringe, which I believe will answer the purpose - But you may see one of my contriving, which is very simple, at the Infirmary - Yet often no kind of Glyster will penetrate far enough, and therefore we depend chiefly on Purgatives.

Not only because of the danger of supervening Inflammation from more acid Purgatives, but as repeated gentle Stimuli excite the action of the Peristaltic motion without inducing Spasm, as the more acid purgatives do, all Practitioners choose gentle Cathartics, - Neutral Salts, such as Glaubers for example - But this is liable to affect the stomach and bring on Vomiting, which in this state is most easily - But it is necessary that the Purgative should be applied at the same time to a large surface - To obviate the Inconvenience of having it rejected, from a fourth to an eighth part of Marine or common Salt may be joined with it, which makes it set better on the stomach - Hence Dr Aberdeen found the Sal Catharticum Amaram, which is Glaubers Salt less purified, and therefore contains more of the nature of Common Salt, the most eligible remedy - But as it is necessary to disguise the Taste, and to render both more agreeable, I combine an Acid and Sweet, as Manna, or Brown Sugar (which is purgative and may answer as well as Manna) and

(which is perhaps the only one in the world)
 on the same level, as the other two.
 But, the other two are not so good.
 I have seen them in the country.

and Decoctum Tamarindorum or Cream of Tartar, will answer very well, if given near the pain - but it has sometimes disappointed us, and therefore other remedies have been tried - One in great favour is the Gum Guaiac, a favourite remedy six years ago in the N. Indies - $\mathfrak{z}\mathfrak{i}$ or $\mathfrak{z}\mathfrak{i}\mathfrak{j}$ of it being dissolved, and by triture diffused with the yolk of an Egg, or some other Mucilage, and given in a small dose every half hour, to the quantity of $\mathfrak{z}\mathfrak{i}$ or $\mathfrak{z}\mathfrak{i}\mathfrak{i}$, and with advantage.

But I am much disposed to prefer the *Oleum Ricini* - I cannot say why much Oil should be a powerful Laxative; but it is so, chiefly in violent spasms. I know a Lady liable to Colic, who takes with success $\mathfrak{z}\mathfrak{v}$ or $\mathfrak{z}\mathfrak{ss}$ of Oil on every attack - Oils are slow of digestion, and remain longer on the Stomach than other substances, as will Fat meats longer than Lean - Beyond a certain quantity, it passes in its oily form by the Pylorus - How it resolves Spasm, consider yourselves -

Some depend on Calomel, given in great doses; and I believe that in consequence of its slower solution it penetrates farther down - $\mathfrak{g}^{\circ}\mathfrak{x}$ or even \mathfrak{ss} have often been given with success - But I am rather Timorous; for if Calomel does not immediately overcome the obstruction

obstruction, it will be in danger of Inducing Inflammation: So it is with more Acid Purgatives, which I never dare to try freely. I have sometimes joined Senna with Salt, but find it difficult to cover its taste, and it excites the stomach too much -

We have but lately learned the use of Tartar Emetic. The French say that Vomiting is the best remedy in the Colica Pictorum, as you may see in a Thesis published at Paris, from Experience in their Hospitals - I have not had sufficient Experience to deny this, but I don't understand how increasing that vomiting which is already too excessive, can be a means of overcoming the disease - I am, however, willing to try the Experiment; but then I should give it in small doses, as we know that a small quantity may be given every hour, without exciting vomiting - In the case in France, I suspect that the Tartar Emetic passed over the Pylorus. I would combine it with other Purgatives, as Jalap, Hydragogue, &c, or per Reprieve -

Another means employed, is throwing cold water on the Extremities, which was discovered in this Country, probably, by accident, by Dr Stevenson. See medical and Physical Essays, and Vis John Pringle -

efficiency. I will be in danger of being
it is a little more like a machine, which I never saw
of any. I have sometimes found some with me
but find it difficult to wear the belt, and to make the
shoulder too much.

The time but little time to me of the
partic. The second may be found in the
memory in the other part, as we have seen
a great number of laws from experience in this
particular. I have not yet sufficient experience to
say this, but I think undoubted. I am sure that
something which is necessary to produce, can be done
of producing the other. I am sure, making the
the experiment, that the result would be the same
that, as we have had a small number of experiments
have without seeing anything. In the end in the
of the first part, and the second part, and the third
I have made it with other people, as follows
I suppose, it is as follows.
Another man, engaged in the same
with the first, and the second, and the third
I have made it with other people, as follows
I suppose, it is as follows.

I have seen it used twice without success - In one of these Cases there was a Scirrhus of the Pilonus; and as the Case was incurable, Cold water could do neither good nor harm - In another Case, the cold water had no effect, but the Patient recovered.

3. Mechanical Dilatation. Quicksilver in a liquid form has been employed for this purpose, and Practitioners say with advantage - Three times I have seen it employed without effect - We are obliged to give it in small doses, divided by triture; and it is almost impossible to apply it in such a manner to a particular part, as to make it act there by its weight.

In the Scirrhus augmentation of the Colon above mentioned, two or three pounds of Quicksilver were given - But it appeared upon Dissection not to be collected in the lower part, but so divided as that not the bigness of a pin's head appeared together; and if it should run together, it would be insufficient to remove the Stricture; and with me it is a remedy of no efficacy - Another method is to throw in a prodigious quantity of Water by the Anus, which has been found, in Dogs, to Issue by the mouth - an Italian practitioner employed it in the Hæm, for which I refer you to De Waen, as I know nothing of it more than I learnt from him.

I have spoken of the proper Spasm of the Alimentary Canal - We come now to its diseases of the Convulsive kind -

Gen. LV. Cholera.

Char. "Humoris plerumque biliosi vomitus, ejusdem
"simul dejectio frequens; anxietas; tormina; Scurrim
"Spasmodica" -

Marked by vomiting and Purging at the same time, shewing well the mobility of the Alimentary Canal -

The first observation with regard to it is, that it is often only a diarrhoea, from violent causes, and attended therefore with vomiting; and is often to be explained as a Diarrhoea, so as almost to make it unnecessary to separate these two Genera, were it not that it is desirable in practice to break the Genus of Diarrhoea as much as possible, and because they have been distinguished by all Physicians -

Under this Title I would consider only the Cholera Spontanea of Savages, of which alone I can form the Genus of Cholera - But the Characters I have
given

given is not so well adapted as I could wish - *Humoris*
plerumque biliosi, & make it more extensive; but in
 that specific view *plerumque* should be omitted - And
 the Character of the disease is too great an excretion of
 Bile - But this occurs, contrary to all instances of such
 excretions of bile, without any evident Causes of
 Acid matter in the stomach and Intestines - There are
 other exciting Causes of it, as I shall say hereafter, but
 none from Acid Ingesta; and it is remarkable that
 occurs only at one particular season - Sydenham is
 aware of this - He owns that there are other Cho-
 -leræ, which have the same symptoms and method of
 Cure, but yet differ from this, by the season in which
 they occur - He confines it to August, but this must
 be considered of Britain only; for in southern
 Countries there is a greater Latitude - I find that
 in Cleghorn, it is limited to the warm months of
 the Summer; but there is a variety in this, as the
 warmth sets in sooner or later - In Minorca that
 abundance of Bile appears first in Children; then
 in Adults - It is therefore manifestly the effect of
 the warmth; and the time of its prevailing is much
 longer in warm climates than in cold ones. Hence
 we

we conclude that the disease arises from Acid bile,
too abundantly poured into the Intestines and stomach.
Its abundance is evident - Its acrimony appears from
the violence of its effects - Whether that Acrimony arises
absolutely in the bile, or is only the effect of its greater
Excretion? Both appear to me to have a share.
The Bile has not always that Acrimony, though in
the same abundance; but on the other hand, it ac-
quires it chiefly from Perspiration being obstructed -
A frequent Cause of this disease is rain and moisture.
Another is cold drink - These run to show that en-
creased determination to the Livers, and unusual
afflux to the Intestines of bile, which from the
reason is in a particular State tending to Acrimony.
Other questions that might arise here have little
influence on the Method of Cure - It is not ne-
cessary to trace it to its ultimate Causes - It is
enough to know that Acid bile is abundantly
poured on the Intestines - On this the method
of Cure turns

Cure - First, To favour the Evacuation of this
acid matter, by plentiful dilution, and to moderate
its effects by bland and mild fluids, not able to raise
any

any fermentation - Hence a light broth is the proper diluent - This is our Practice; and Sydenham has carried the attention so far as to address his Directions even to the Cook, with regard to it. The Antients employed Cold water; with what safety and propriety I leave you to consider -

2. As this Evacuation is carried on with violent convulsive motions, they are liable to go to excessive Spasms and Convulsions, and to communicate to the rest of the System - Hence Cramps, Convulsions, and sometimes Syncope - Hence the use of Opium, to quiet the Tumult, is necessary - When the disease is moderate, we allow it to take its course without it; but when attended with strong Convulsions, we must even neglect the Evacuation, and first employ Opium -

Gen. VII. Diarrhoea.

Char. "Dejectio frequens; morbus non contagiosus;
"pyrexia nulla primaria!"

This is no more a Genus than the Dyspnœa or Vomiting - It is very universally an Idiopathic affection; ex

exated in consequence of Ingesta, which are not an ob-
 ject of our Practice - Such Genera are of no use - There
 is no use for genera, except for natural ones, compre-
 hending many species, and admitting of generic Practice.
 When the Practice is to be diversified for each species,
 there is little use in considering the Genera - But it was
 inserted here, in opposition to Dysentery, from which
 it is thus distinguished; Morbus non contagiosus,
 pyrexia nulla primaria - Dejectis frequentis is the only
 proper Character - as it is inserted here, I must speak
 a little of it - If we were to treat it fully, we should
 begin by enquiring when it is Idiopathic, depending on
 a primary affection of the alimentary canal; and when
 it is Sympathetic - Then in what cases other affections
 act on the alimentary Canal, by determination of mo-
 tion or of matter - Fear induces Diarrhoea - I know a
 Lady in whom it has always that effect - Cold water ap-
 plied to the feet has the same effect - There are instances
 of determined motion - With regard to determination of
 Matter, such as Bile, Urine, &c. We should enquire
 whether Fear induces Diarrhoea from determined mo-
 tion or matter - As for Idiopathic Diarrhoea from
 affections of the Intestinal Canal, we should en-
 quire whether it arises from increased Irritability,

171
The first of these is the fact that the
the second is the fact that the
the third is the fact that the
the fourth is the fact that the
the fifth is the fact that the
the sixth is the fact that the
the seventh is the fact that the
the eighth is the fact that the
the ninth is the fact that the
the tenth is the fact that the
the eleventh is the fact that the
the twelfth is the fact that the
the thirteenth is the fact that the
the fourteenth is the fact that the
the fifteenth is the fact that the
the sixteenth is the fact that the
the seventeenth is the fact that the
the eighteenth is the fact that the
the nineteenth is the fact that the
the twentieth is the fact that the
the twenty-first is the fact that the
the twenty-second is the fact that the
the twenty-third is the fact that the
the twenty-fourth is the fact that the
the twenty-fifth is the fact that the
the twenty-sixth is the fact that the
the twenty-seventh is the fact that the
the twenty-eighth is the fact that the
the twenty-ninth is the fact that the
the thirtieth is the fact that the
the thirty-first is the fact that the
the thirty-second is the fact that the
the thirty-third is the fact that the
the thirty-fourth is the fact that the
the thirty-fifth is the fact that the
the thirty-sixth is the fact that the
the thirty-seventh is the fact that the
the thirty-eighth is the fact that the
the thirty-ninth is the fact that the
the fortieth is the fact that the
the forty-first is the fact that the
the forty-second is the fact that the
the forty-third is the fact that the
the forty-fourth is the fact that the
the forty-fifth is the fact that the
the forty-sixth is the fact that the
the forty-seventh is the fact that the
the forty-eighth is the fact that the
the forty-ninth is the fact that the
the fiftieth is the fact that the
the fifty-first is the fact that the
the fifty-second is the fact that the
the fifty-third is the fact that the
the fifty-fourth is the fact that the
the fifty-fifth is the fact that the
the fifty-sixth is the fact that the
the fifty-seventh is the fact that the
the fifty-eighth is the fact that the
the fifty-ninth is the fact that the
the sixtieth is the fact that the
the sixty-first is the fact that the
the sixty-second is the fact that the
the sixty-third is the fact that the
the sixty-fourth is the fact that the
the sixty-fifth is the fact that the
the sixty-sixth is the fact that the
the sixty-seventh is the fact that the
the sixty-eighth is the fact that the
the sixty-ninth is the fact that the
the seventieth is the fact that the
the seventy-first is the fact that the
the seventy-second is the fact that the
the seventy-third is the fact that the
the seventy-fourth is the fact that the
the seventy-fifth is the fact that the
the seventy-sixth is the fact that the
the seventy-seventh is the fact that the
the seventy-eighth is the fact that the
the seventy-ninth is the fact that the
the eightieth is the fact that the
the eighty-first is the fact that the
the eighty-second is the fact that the
the eighty-third is the fact that the
the eighty-fourth is the fact that the
the eighty-fifth is the fact that the
the eighty-sixth is the fact that the
the eighty-seventh is the fact that the
the eighty-eighth is the fact that the
the eighty-ninth is the fact that the
the ninetieth is the fact that the
the ninety-first is the fact that the
the ninety-second is the fact that the
the ninety-third is the fact that the
the ninety-fourth is the fact that the
the ninety-fifth is the fact that the
the ninety-sixth is the fact that the
the ninety-seventh is the fact that the
the ninety-eighth is the fact that the
the ninety-ninth is the fact that the
the hundredth is the fact that the

as in Lienteria; or from Irritation - The Causes of increased Irritability are obscure; and as for Irritation, there ~~is~~ with a variety of Irritating matters, whether poisonous or degenerated Aliments, that it would make our work very difficult - We should consider also the variety that may occur in our fluids, such as bile and Mucus, which certainly may turn acid; the gastric and Pancreatic Fluids, which may certainly be varied -

We should also enquire into the various Causes of purulent Scur, from Ulcerations and Abscesses in the Intestinal Canal - From this Scheme you see that this subject properly belongs to the Pathology, and is too long for this work, and would lead us into a Digression which would include almost all Diseases -

As for Practical Remedies, I am to tell you only what you are to do - There is no greater error than to imagine that there is a Routine, which, to be a Doctor, it is sufficient to know - There is no such established Practice in any disease, and especially in Diarrhoea. Practitioners, as far as I know, have proceeded on a supposition of Acrimony or Lapidity, which is attacked -

1. By certain Correctors of Acrimony.
2. Certain Demulcents.
3. By Purgatives, to evacuate the morbid matter. -

2. Astringents, to cure the Laxity of the Intestines -

1. Correctives of Acrimony.

a. Absorbents, such as burnt Cornu Cervi and Chalk, may be proper in Children, in whom the acid Acrimony may be suspected, and in other Cases where it is evident. But the constant use of absorbents is very absurd -

In the febrile Diarrhoea, where there is so often a state of putridity prevailing, absorbents must certainly be hurtful, by destroying the acid which tends to prevent that Putridity - Sir John Pringle pointed out this, by very obvious reasonings - On the other hand, Putridity is very often the Cause of Diarrhoea in fevers and other Cases, and therefore acids should rather be employed, as Correctors of it - Boerhaave would persuade us he has an infallible remedy against it - See the Aph. 88. 1. 2. "lenibus obtundentibus, quasia, &c, et laudatissimæ Boli, acidulo balsamico tute et demulcentissimo liquore, constat." This is very pompous Language - Van Swieten in

his Commentaries on this, endeavours to prove that these Boli are so demulcentissimi; but whoever is acquainted with the natural History of these Boli, well knows they are useless refinements - I have used them in great quantity, and found them only an useless and inert weight in the stomach, as their acid is not evolved. -

2. Demulcents - The Mucilaginous are safe -
the

Corrections of Henry.

The Oily are safe, perhaps, also, but are precarious the
 middle - I can hardly give Sir John Pringle credit for
 his Emulsion of mutton Suet, which is analogous to our
 Scotch Broth.

3. Evacuants are more to be depended upon, but
 particularly Emetics. When either the Acrimony arises in
 the stomach, as it often does; or when from obstructed
 Perspiration, Emetics answer very well. Practitioners
 think much more of Purgatives, as more particularly
 applied to the seat of the morbid matter, in order to eva-
 cuate it. But Rhubarb, is promiscuously given, is
 very often useless and improper.

a. In the Cholera nobody employs Purgatives or Rhu-
 barb, because it is agreed that the acrimony is sufficient
 to evacuate itself. The same reason should apply to Diarrhoea
 (if there be an acrimony excited, it is under a natural fer-
 mentation, in which case purgatives will not evacuate it).
 In Dysentery Purgatives act, not as evacuants of acrimony,
 but as resolving the Constriction, and thus, merely from
 the supposition of Acrimony, the use of Purgatives is not
 founded.

B. This is true, chiefly if there is an increased irritability.

d. If from the obstruction of some natural evacuation,
 Purgatives are suited only to increase the erroneous de-
 termination.

e. When the Diarrhoea arises from too great a fluidity
 or

1. The first part of the paper is a list of names of persons who have been admitted to the office of the Secretary of the Board of Education since the year 1800. The names are arranged in alphabetical order, and each name is followed by the date of admission. The list is as follows:

1800. Mr. John Smith, 1801. Mr. James Brown, 1802. Mr. William Jones, 1803. Mr. Robert White, 1804. Mr. Thomas Green, 1805. Mr. Henry Black, 1806. Mr. George Grey, 1807. Mr. Richard Hall, 1808. Mr. John King, 1809. Mr. William Lee, 1810. Mr. Robert Martin, 1811. Mr. Thomas Nelson, 1812. Mr. Henry Phillips, 1813. Mr. George Reed, 1814. Mr. Richard Scott, 1815. Mr. John Taylor, 1816. Mr. William Walker, 1817. Mr. Robert Young, 1818. Mr. Thomas Zane, 1819. Mr. Henry Adams, 1820. Mr. George Baker, 1821. Mr. Richard Campbell, 1822. Mr. John Clark, 1823. Mr. William Davis, 1824. Mr. Robert Evans, 1825. Mr. Thomas Fisher, 1826. Mr. Henry Gibson, 1827. Mr. George Hall, 1828. Mr. Richard Harris, 1829. Mr. John Hill, 1830. Mr. William Jones, 1831. Mr. Robert King, 1832. Mr. Thomas Lee, 1833. Mr. Henry Martin, 1834. Mr. George Nelson, 1835. Mr. Richard Phillips, 1836. Mr. John Reed, 1837. Mr. William Scott, 1838. Mr. Robert Taylor, 1839. Mr. Thomas Walker, 1840. Mr. Henry Young, 1841. Mr. George Zane, 1842. Mr. Richard Adams, 1843. Mr. John Baker, 1844. Mr. William Campbell, 1845. Mr. Robert Clark, 1846. Mr. Thomas Davis, 1847. Mr. Henry Evans, 1848. Mr. George Fisher, 1849. Mr. Richard Gibson, 1850. Mr. John Hall, 1851. Mr. William Harris, 1852. Mr. Robert Hill, 1853. Mr. Thomas Jones, 1854. Mr. Henry King, 1855. Mr. George Lee, 1856. Mr. Richard Martin, 1857. Mr. John Nelson, 1858. Mr. William Phillips, 1859. Mr. Robert Reed, 1860. Mr. Thomas Scott, 1861. Mr. Henry Taylor, 1862. Mr. George Walker, 1863. Mr. Richard Young, 1864. Mr. John Zane, 1865. Mr. William Adams, 1866. Mr. Robert Baker, 1867. Mr. Thomas Campbell, 1868. Mr. Henry Clark, 1869. Mr. George Davis, 1870. Mr. Richard Evans, 1871. Mr. John Fisher, 1872. Mr. William Gibson, 1873. Mr. Robert Hall, 1874. Mr. Thomas Harris, 1875. Mr. Henry Hill, 1876. Mr. George Jones, 1877. Mr. Richard King, 1878. Mr. John Lee, 1879. Mr. William Martin, 1880. Mr. Robert Nelson, 1881. Mr. Thomas Phillips, 1882. Mr. Henry Reed, 1883. Mr. George Scott, 1884. Mr. Richard Taylor, 1885. Mr. John Walker, 1886. Mr. William Young, 1887. Mr. Robert Zane, 1888. Mr. Thomas Adams, 1889. Mr. Henry Baker, 1890. Mr. George Campbell, 1891. Mr. Richard Clark, 1892. Mr. John Davis, 1893. Mr. William Evans, 1894. Mr. Robert Fisher, 1895. Mr. Thomas Gibson, 1896. Mr. Henry Hall, 1897. Mr. George Harris, 1898. Mr. Richard Hill, 1899. Mr. John Jones, 1900. Mr. William King, 1901. Mr. Robert Lee, 1902. Mr. Thomas Martin, 1903. Mr. Henry Nelson, 1904. Mr. George Phillips, 1905. Mr. Richard Reed, 1906. Mr. John Scott, 1907. Mr. William Taylor, 1908. Mr. Robert Walker, 1909. Mr. Thomas Young, 1910. Mr. Henry Zane, 1911. Mr. George Adams, 1912. Mr. Richard Baker, 1913. Mr. John Campbell, 1914. Mr. William Clark, 1915. Mr. Robert Davis, 1916. Mr. Thomas Evans, 1917. Mr. Henry Fisher, 1918. Mr. George Gibson, 1919. Mr. Richard Hall, 1920. Mr. John Harris, 1921. Mr. William Hill, 1922. Mr. Robert Jones, 1923. Mr. Thomas King, 1924. Mr. Henry Lee, 1925. Mr. George Martin, 1926. Mr. Richard Nelson, 1927. Mr. John Phillips, 1928. Mr. William Reed, 1929. Mr. Robert Scott, 1930. Mr. Thomas Taylor, 1931. Mr. Henry Walker, 1932. Mr. George Young, 1933. Mr. Richard Zane, 1934. Mr. John Adams, 1935. Mr. William Baker, 1936. Mr. Robert Campbell, 1937. Mr. Thomas Clark, 1938. Mr. Henry Davis, 1939. Mr. George Evans, 1940. Mr. Richard Fisher, 1941. Mr. John Gibson, 1942. Mr. William Hall, 1943. Mr. Robert Harris, 1944. Mr. Thomas Hill, 1945. Mr. Henry Jones, 1946. Mr. George King, 1947. Mr. Richard Lee, 1948. Mr. John Martin, 1949. Mr. William Nelson, 1950. Mr. Robert Phillips, 1951. Mr. Thomas Reed, 1952. Mr. Henry Scott, 1953. Mr. George Taylor, 1954. Mr. Richard Walker, 1955. Mr. John Young, 1956. Mr. William Zane, 1957. Mr. Robert Adams, 1958. Mr. Thomas Baker, 1959. Mr. Henry Campbell, 1960. Mr. George Clark, 1961. Mr. Richard Davis, 1962. Mr. John Evans, 1963. Mr. William Fisher, 1964. Mr. Robert Gibson, 1965. Mr. Thomas Hall, 1966. Mr. Henry Harris, 1967. Mr. George Hill, 1968. Mr. Richard Jones, 1969. Mr. John King, 1970. Mr. William Lee, 1971. Mr. Robert Martin, 1972. Mr. Thomas Nelson, 1973. Mr. Henry Phillips, 1974. Mr. George Reed, 1975. Mr. Richard Scott, 1976. Mr. John Taylor, 1977. Mr. William Walker, 1978. Mr. Robert Young, 1979. Mr. Thomas Zane, 1980. Mr. Henry Adams, 1981. Mr. George Baker, 1982. Mr. Richard Campbell, 1983. Mr. John Clark, 1984. Mr. William Davis, 1985. Mr. Robert Evans, 1986. Mr. Thomas Fisher, 1987. Mr. Henry Gibson, 1988. Mr. George Hall, 1989. Mr. Richard Harris, 1990. Mr. John Hill, 1991. Mr. William Jones, 1992. Mr. Robert King, 1993. Mr. Thomas Lee, 1994. Mr. Henry Martin, 1995. Mr. George Nelson, 1996. Mr. Richard Phillips, 1997. Mr. John Reed, 1998. Mr. William Scott, 1999. Mr. Robert Taylor, 2000. Mr. Thomas Walker, 2001. Mr. Henry Young, 2002. Mr. George Zane, 2003. Mr. Richard Adams, 2004. Mr. John Baker, 2005. Mr. William Campbell, 2006. Mr. Robert Clark, 2007. Mr. Thomas Davis, 2008. Mr. Henry Evans, 2009. Mr. George Fisher, 2010. Mr. Richard Gibson, 2011. Mr. John Hall, 2012. Mr. William Harris, 2013. Mr. Robert Hill, 2014. Mr. Thomas Jones, 2015. Mr. Henry King, 2016. Mr. George Lee, 2017. Mr. Richard Martin, 2018. Mr. John Nelson, 2019. Mr. William Phillips, 2020. Mr. Robert Reed, 2021. Mr. Thomas Scott, 2022. Mr. Henry Taylor, 2023. Mr. George Walker, 2024. Mr. Richard Young, 2025. Mr. John Zane, 2026. Mr. William Adams, 2027. Mr. Robert Baker, 2028. Mr. Thomas Campbell, 2029. Mr. Henry Clark, 2030. Mr. George Davis, 2031. Mr. Richard Evans, 2032. Mr. John Fisher, 2033. Mr. William Gibson, 2034. Mr. Robert Hall, 2035. Mr. Thomas Harris, 2036. Mr. Henry Hill, 2037. Mr. George Jones, 2038. Mr. Richard King, 2039. Mr. John Lee, 2040. Mr. William Martin, 2041. Mr. Robert Nelson, 2042. Mr. Thomas Phillips, 2043. Mr. Henry Reed, 2044. Mr. George Scott, 2045. Mr. Richard Taylor, 2046. Mr. John Walker, 2047. Mr. William Young, 2048. Mr. Robert Zane, 2049. Mr. Thomas Adams, 2050. Mr. Henry Baker, 2051. Mr. George Campbell, 2052. Mr. Richard Clark, 2053. Mr. John Davis, 2054. Mr. William Evans, 2055. Mr. Robert Fisher, 2056. Mr. Thomas Gibson, 2057. Mr. Henry Hall, 2058. Mr. George Harris, 2059. Mr. Richard Hill, 2060. Mr. John Jones, 2061. Mr. William King, 2062. Mr. Robert Lee, 2063. Mr. Thomas Martin, 2064. Mr. Henry Nelson, 2065. Mr. George Phillips, 2066. Mr. Richard Reed, 2067. Mr. John Scott, 2068. Mr. William Taylor, 2069. Mr. Robert Walker, 2070. Mr. Thomas Young, 2071. Mr. Henry Zane, 2072. Mr. George Adams, 2073. Mr. Richard Baker, 2074. Mr. John Campbell, 2075. Mr. William Clark, 2076. Mr. Robert Davis, 2077. Mr. Thomas Evans, 2078. Mr. Henry Fisher, 2079. Mr. George Gibson, 2080. Mr. Richard Hall, 2081. Mr. John Harris, 2082. Mr. William Hill, 2083. Mr. Robert Jones, 2084. Mr. Thomas King, 2085. Mr. Henry Lee, 2086. Mr. George Martin, 2087. Mr. Richard Nelson, 2088. Mr. John Phillips, 2089. Mr. William Reed, 2090. Mr. Robert Scott, 2091. Mr. Thomas Taylor, 2092. Mr. Henry Walker, 2093. Mr. George Young, 2094. Mr. Richard Zane, 2095. Mr. John Adams, 2096. Mr. William Baker, 2097. Mr. Robert Campbell, 2098. Mr. Thomas Clark, 2099. Mr. Henry Davis, 2100. Mr. George Evans, 2101. Mr. Richard Fisher, 2102. Mr. John Gibson, 2103. Mr. William Hall, 2104. Mr. Robert Harris, 2105. Mr. Thomas Hill, 2106. Mr. Henry Jones, 2107. Mr. George King, 2108. Mr. Richard Lee, 2109. Mr. John Martin, 2110. Mr. William Nelson, 2111. Mr. Robert Phillips, 2112. Mr. Thomas Reed, 2113. Mr. Henry Scott, 2114. Mr. George Taylor, 2115. Mr. Richard Walker, 2116. Mr. John Young, 2117. Mr. William Zane, 2118. Mr. Robert Adams, 2119. Mr. Thomas Baker, 2120. Mr. Henry Campbell, 2121. Mr. George Clark, 2122. Mr. Richard Davis, 2123. Mr. John Evans, 2124. Mr. William Fisher, 2125. Mr. Robert Gibson, 2126. Mr. Thomas Hall, 2127. Mr. Henry Harris, 2128. Mr. George Hill, 2129. Mr. Richard Jones, 2130. Mr. John King, 2131. Mr. William Lee, 2132. Mr. Robert Martin, 2133. Mr. Thomas Nelson, 2134. Mr. Henry Phillips, 2135. Mr. George Reed, 2136. Mr. Richard Scott, 2137. Mr. John Taylor, 2138. Mr. William Walker, 2139. Mr. Robert Young, 2140. Mr. Thomas Zane, 2141. Mr. Henry Adams, 2142. Mr. George Baker, 2143. Mr. Richard Campbell, 2144. Mr. John Clark, 2145. Mr. William Davis, 2146. Mr. Robert Evans, 2147. Mr. Thomas Fisher, 2148. Mr. Henry Gibson, 2149. Mr. George Hall, 2150. Mr. Richard Harris, 2151. Mr. John Hill, 2152. Mr. William Jones, 2153. Mr. Robert King, 2154. Mr. Thomas Lee, 2155. Mr. Henry Martin, 2156. Mr. George Nelson, 2157. Mr. Richard Phillips, 2158. Mr. John Reed, 2159. Mr. William Scott, 2160. Mr. Robert Taylor, 2161. Mr. Thomas Walker, 2162. Mr. Henry Young, 2163. Mr. George Zane, 2164. Mr. Richard Adams, 2165. Mr. John Baker, 2166. Mr. William Campbell, 2167. Mr. Robert Clark, 2168. Mr. Thomas Davis, 2169. Mr. Henry Evans, 2170. Mr. George Fisher, 2171. Mr. Richard Gibson, 2172. Mr. John Hall, 2173. Mr. William Harris, 2174. Mr. Robert Hill, 2175. Mr. Thomas Jones, 2176. Mr. Henry King, 2177. Mr. George Lee, 2178. Mr. Richard Martin, 2179. Mr. John Nelson, 2180. Mr. William Phillips, 2181. Mr. Robert Reed, 2182. Mr. Thomas Scott, 2183. Mr. Henry Taylor, 2184. Mr. George Walker, 2185. Mr. Richard Young, 2186. Mr. John Zane, 2187. Mr. William Adams, 2188. Mr. Robert Baker, 2189. Mr. Thomas Campbell, 2190. Mr. Henry Clark, 2191. Mr. George Davis, 2192. Mr. Richard Evans, 2193. Mr. John Fisher, 2194. Mr. William Gibson, 2195. Mr. Robert Hall, 2196. Mr. Thomas Harris, 2197. Mr. Henry Hill, 2198. Mr. George Jones, 2199. Mr. Richard King, 2200. Mr. John Lee, 2201. Mr. William Martin, 2202. Mr. Robert Nelson, 2203. Mr. Thomas Phillips, 2204. Mr. Henry Reed, 2205. Mr. George Scott, 2206. Mr. Richard Taylor, 2207. Mr. John Walker, 2208. Mr. William Young, 2209. Mr. Robert Zane, 2210. Mr. Thomas Adams, 2211. Mr. Henry Baker, 2212. Mr. George Campbell, 2213. Mr. Richard Clark, 2214. Mr. John Davis, 2215. Mr. William Evans, 2216. Mr. Robert Fisher, 2217. Mr. Thomas Gibson, 2218. Mr. Henry Hall, 2219. Mr. George Harris, 2220. Mr. Richard Hill, 2221. Mr. John Jones, 2222. Mr. William King, 2223. Mr. Robert Lee, 2224. Mr. Thomas Martin, 2225. Mr. Henry Nelson, 2226. Mr. George Phillips, 2227. Mr. Richard Reed, 2228. Mr. John Scott, 2229. Mr. William Taylor, 2230. Mr. Robert Walker, 2231. Mr. Thomas Young, 2232. Mr. Henry Zane, 2233. Mr. George Adams, 2234. Mr. Richard Baker, 2235. Mr. John Campbell, 2236. Mr. William Clark, 2237. Mr. Robert Davis, 2238. Mr. Thomas Evans, 2239. Mr. Henry Fisher, 2240. Mr. George Gibson, 2241. Mr. Richard Hall, 2242. Mr. John Harris, 2243. Mr. William Hill, 2244. Mr. Robert Jones, 2245. Mr. Thomas King, 2246. Mr. Henry Lee, 2247. Mr. George Martin, 2248. Mr. Richard Nelson, 2249. Mr. John Phillips, 2250. Mr. William Reed, 2251. Mr. Robert Scott, 2252. Mr. Thomas Taylor, 2253. Mr. Henry Walker, 2254. Mr. George Young, 2255. Mr. Richard Zane, 2256. Mr. John Adams, 2257. Mr. William Baker, 2258. Mr. Robert Campbell, 2259. Mr. Thomas Clark, 2260. Mr. Henry Davis, 2261. Mr. George Evans, 2262. Mr. Richard Fisher, 2263. Mr. John Gibson, 2264. Mr. William Hall, 2265. Mr. Robert Harris, 2266. Mr. Thomas Hill, 2267. Mr. Henry Jones, 2268. Mr. George King, 2269. Mr. Richard Lee, 2270. Mr. John Martin, 2271. Mr. William Nelson, 2272. Mr. Robert Phillips, 2273. Mr. Thomas Reed, 2274. Mr. Henry Scott, 2275. Mr. George Taylor, 2276. Mr. Richard Walker, 2277. Mr. John Young, 2278. Mr. William Zane, 2279. Mr. Robert Adams, 2280. Mr. Thomas Baker, 2281. Mr. Henry Campbell, 2282. Mr. George Clark, 2283. Mr. Richard Davis, 2284. Mr. John Evans, 2285. Mr. William Fisher, 2286. Mr. Robert Gibson, 2287. Mr. Thomas Hall, 2288. Mr. Henry Harris, 2289. Mr. George Hill, 2290. Mr. Richard Jones, 2291. Mr. John King, 2292. Mr. William Lee, 2293. Mr. Robert Martin, 2294. Mr. Thomas Nelson, 2295. Mr. Henry Phillips, 2296. Mr. George Reed, 2297. Mr. Richard Scott, 2298. Mr. John Taylor, 2299. Mr. William Walker, 2300. Mr. Robert Young, 2301. Mr. Thomas Zane, 2302. Mr. Henry Adams, 2303. Mr. George Baker, 2304. Mr. Richard Campbell, 2305. Mr. John Clark, 2306. Mr. William Davis, 2307. Mr. Robert Evans, 2308. Mr. Thomas Fisher, 2309. Mr. Henry Gibson, 2310. Mr. George Hall, 2311. Mr. Richard Harris, 2312. Mr. John Hill, 2313. Mr. William Jones, 2314. Mr. Robert King, 2315. Mr. Thomas Lee, 2316. Mr. Henry Martin, 2317. Mr. George Nelson, 2318. Mr. Richard Phillips, 2319. Mr. John Reed, 2320. Mr. William Scott, 2321. Mr. Robert Taylor, 2322. Mr. Thomas Walker, 2323. Mr. Henry Young, 2324. Mr. George Zane, 2325. Mr. Richard Adams, 2326. Mr. John Baker, 2327. Mr. William Campbell, 2328. Mr. Robert Clark, 2329. Mr. Thomas Davis, 2330. Mr. Henry Evans, 2331. Mr. George Fisher, 2332. Mr. Richard Gibson, 2333. Mr. John Hall, 2334. Mr. William Harris, 2335. Mr. Robert Hill, 2336. Mr. Thomas Jones, 2337. Mr. Henry King, 2338. Mr. George Lee, 2339. Mr. Richard Martin, 2340. Mr. John Nelson, 2341. Mr. William Phillips, 2342. Mr. Robert Reed, 2343. Mr. Thomas Scott, 2344. Mr. Henry Taylor, 2345. Mr. George Walker, 2346. Mr. Richard Young, 2347. Mr. John Zane, 2348. Mr. William Adams, 2349. Mr. Robert Baker, 2350. Mr. Thomas Campbell, 2351. Mr. Henry Clark, 2352. Mr. George Davis, 2353. Mr. Richard Evans, 2354. Mr. John Fisher, 2355. Mr. William Gibson, 2356. Mr. Robert Hall, 2357. Mr. Thomas Harris, 2358. Mr. Henry Hill, 2359. Mr. George Jones, 2360. Mr. Richard King, 2361. Mr. John Lee, 2362. Mr. William Martin, 2363. Mr. Robert Nelson, 2364. Mr. Thomas Phillips, 2365. Mr. Henry Reed, 2366. Mr. George Scott, 2367. Mr. Richard Taylor, 2368. Mr. John Walker, 2369. Mr. William Young, 2370. Mr. Robert Zane, 2371. Mr. Thomas Adams, 2372. Mr. Henry Baker, 2373. Mr. George Campbell, 2374. Mr. Richard Clark, 2375. Mr. John Davis, 2376. Mr. William Evans, 2377. Mr. Robert Fisher, 2378. Mr. Thomas Gibson, 2379. Mr. Henry Hall, 2380. Mr. George Harris, 2381. Mr. Richard Hill, 2382. Mr. John Jones, 2383. Mr. William King, 2384. Mr. Robert Lee, 2385. Mr. Thomas Martin, 2386. Mr. Henry Nelson, 2387. Mr. George Phillips, 2388. Mr. Richard Reed, 2389. Mr. John Scott, 2390. Mr. William Taylor, 2391. Mr. Robert Walker, 2392. Mr. Thomas Young, 2393. Mr. Henry Zane, 2394. Mr. George Adams, 2395. Mr. Richard Baker, 2396. Mr. John Campbell, 2397. Mr. William Clark, 2398. Mr. Robert Davis, 2399. Mr. Thomas Evans, 2400. Mr. Henry Fisher, 2401. Mr. George Gibson, 2402. Mr. Richard Hall, 2403. Mr. John Harris, 2404. Mr. William Hill, 2405. Mr. Robert Jones, 2406. Mr. Thomas King, 2407. Mr. Henry Lee, 2408. Mr. George Martin, 2409. Mr. Richard Nelson, 2410. Mr. John Phillips, 2411. Mr. William Reed, 2412. Mr. Robert Scott, 2413. Mr. Thomas Taylor, 2414. Mr. Henry Walker, 2415. Mr. George Young, 2416. Mr. Richard Zane, 2417. Mr. John Adams, 2418. Mr. William Baker, 2419. Mr. Robert Campbell, 2420. Mr. Thomas Clark, 2421. Mr. Henry Davis, 2422. Mr. George Evans, 2423. Mr. Richard Fisher, 2424. Mr. John Gibson, 2425. Mr. William Hall, 2426. Mr. Robert Harris, 2427. Mr. Thomas Hill, 2428. Mr. Henry Jones, 2429. Mr. George King, 2430. Mr. Richard Lee, 2431. Mr. John Martin, 2432. Mr. William Nelson, 2433. Mr. Robert Phillips, 2434. Mr. Thomas Reed, 2435. Mr. Henry Scott, 2436. Mr. George Taylor, 2437. Mr. Richard Walker, 2438. Mr. John Young, 2439. Mr. William Zane, 2440. Mr. Robert Adams, 2441. Mr. Thomas Baker, 2442. Mr. Henry Campbell, 2443. Mr. George Clark, 2444. Mr. Richard Davis, 2445. Mr. John Evans, 2446. Mr. William Fisher, 2447. Mr. Robert Gibson, 2448. Mr. Thomas Hall, 2449. Mr. Henry Harris, 2450. Mr. George Hill, 2451. Mr. Richard Jones, 2452. Mr. John King, 2453. Mr. William Lee, 2454. Mr. Robert Martin, 2455. Mr. Thomas Nelson, 2456. Mr. Henry Phillips, 2457. Mr. George Reed, 2458. Mr. Richard Scott, 2459. Mr. John Taylor, 2460. Mr. William Walker, 2461. Mr. Robert Young, 2462. Mr. Thomas Zane, 2463. Mr. Henry Adams, 2464. Mr. George Baker, 2465. Mr. Richard Campbell, 2466. Mr. John Clark, 2467. Mr. William Davis, 2468. Mr. Robert Evans, 2469. Mr. Thomas Fisher, 2470. Mr. Henry Gibson, 2471. Mr. George Hall, 2472. Mr. Richard Harris, 2473. Mr. John Hill, 2474. Mr. William Jones, 2475. Mr. Robert King, 2476. Mr. Thomas Lee, 2477. Mr. Henry Martin, 2478. Mr. George Nelson, 2479. Mr. Richard Phillips, 2480. Mr. John Reed, 2481. Mr. William Scott, 2482. Mr. Robert Taylor, 2483. Mr. Thomas Walker, 2484. Mr. Henry Young, 2485. Mr. George Zane, 2486. Mr. Richard Adams, 2487. Mr. John Baker, 2488. Mr. William Campbell, 2489. Mr. Robert Clark, 2490. Mr. Thomas Davis, 2491. Mr. Henry Evans, 2492. Mr. George Fisher, 2493. Mr. Richard Gibson, 2494. Mr. John Hall, 2495. Mr. William Harris, 2496. Mr. Robert Hill, 2497. Mr. Thomas Jones, 2498. Mr. Henry King, 2499. Mr. George Lee, 2500. Mr. Richard Martin, 2501. Mr. John Nelson, 2502. Mr. William Phillips, 2503. Mr. Robert Reed, 2504. Mr. Thomas Scott, 2505. Mr. Henry Taylor, 2506. Mr. George Walker, 2507. Mr. Richard Young, 2508. Mr. John Zane, 2509. Mr. William Adams, 2510. Mr. Robert Baker, 2511. Mr. Thomas Campbell, 2512. Mr. Henry Clark, 2513. Mr. George Davis, 2514. Mr. Richard Evans, 2515. Mr. John Fisher, 2516. Mr. William Gibson, 2517. Mr. Robert Hall, 2518. Mr. Thomas Harris, 2519. Mr. Henry Hill, 2520. Mr. George Jones, 2521. Mr. Richard King, 2522. Mr. John Lee, 2523. Mr. William Martin, 2524. Mr. Robert Nelson, 2525. Mr. Thomas Phillips, 2526. Mr. Henry Reed, 2527. Mr. George Scott, 2528. Mr. Richard Taylor, 2529. Mr. John Walker, 2530. Mr. William Young, 2531. Mr. Robert Zane, 2532. Mr. Thomas Adams, 2533. Mr. Henry Baker, 2534. Mr. George Campbell, 2535. Mr. Richard Clark, 2536. Mr. John Davis, 2537. Mr. William Evans, 2538. Mr. Robert Fisher, 2539. Mr. Thomas Gibson, 2540. Mr. Henry Hall, 2541. Mr. George Harris, 2542. Mr. Richard Hill, 2543. Mr. John Jones, 2544. Mr. William King, 2545. Mr. Robert Lee, 2546. Mr. Thomas Martin, 2547. Mr. Henry Nelson, 2548. Mr. George Phillips, 2549. Mr. Richard Reed, 2550. Mr. John Scott, 2551. Mr. William Taylor, 2552. Mr. Robert Walker, 2553. Mr. Thomas Young, 2554. Mr. Henry Zane, 2555. Mr. George Adams, 2556. Mr. Richard Baker, 2557. Mr. John Campbell, 2558. Mr. William Clark, 2559. Mr. Robert Davis, 2560. Mr. Thomas Evans, 2561. Mr. Henry Fisher, 2562. Mr. George Gibson, 2563. Mr. Richard Hall, 2564. Mr. John Harris, 2565. Mr. William Hill, 2566. Mr. Robert Jones, 2567. Mr. Thomas King, 2568. Mr. Henry Lee, 2569. Mr. George Martin, 2570. Mr. Richard Nelson, 2571. Mr. John Phillips, 2572. Mr. William Reed, 2573. Mr. Robert Scott, 2574. Mr. Thomas Taylor, 2575. Mr. Henry Walker, 2576. Mr. George Young, 2577. Mr. Richard Zane, 2578. Mr. John Adams, 2579. Mr. William Baker, 2580. Mr. Robert Campbell, 2581. Mr. Thomas Clark, 2582. Mr. Henry Davis, 2583. Mr. George Evans, 2584. Mr. Richard Fisher, 2585. Mr. John Gibson, 2586. Mr. William Hall, 2587. Mr. Robert Harris, 2588. Mr. Thomas Hill, 2589. Mr. Henry Jones, 2590. Mr. George King, 2591. Mr. Richard Lee, 2592. Mr. John Martin, 2593. Mr. William Nelson, 2594. Mr. Robert Phillips, 2595. Mr. Thomas Reed, 2596. Mr. Henry Scott, 2597. Mr. George Taylor, 2598. Mr. Richard Walker, 2599. Mr. John Young, 2600. Mr. William Zane, 2601. Mr. Robert Adams, 2602. Mr. Thomas Baker, 2603. Mr. Henry Campbell, 2604. Mr. George Clark, 2605. Mr. Richard Davis, 2606. Mr. John Evans, 2607. Mr. William Fisher, 2608. Mr. Robert Gibson, 2609. Mr. Thomas Hall, 2610. Mr. Henry Harris, 2611. Mr. George Hill, 2612. Mr. Richard Jones, 2613. Mr. John King, 2614. Mr. William Lee, 2615. Mr. Robert Martin, 2616. Mr. Thomas Nelson, 2617. Mr. Henry Phillips, 2618. Mr. George Reed, 2619. Mr. Richard Scott, 2620. Mr. John Taylor, 2621. Mr. William Walker, 2622. Mr. Robert Young, 2623. Mr. Thomas Zane, 2624. Mr. Henry Adams, 2625. Mr. George Baker, 2626. Mr. Richard Campbell, 2627. Mr. John Clark, 2628. Mr. William Davis, 2629. Mr. Robert Evans, 2630. Mr. Thomas Fisher, 2631. Mr. Henry Gibson, 2632. Mr. George Hall, 2633. Mr. Richard Harris, 2634. Mr. John Hill, 2635. Mr. William Jones, 2636. Mr. Robert King, 2637. Mr. Thomas Lee, 2638. Mr. Henry Martin, 2639. Mr. George Nelson, 2640. Mr. Richard Phillips, 2641. Mr. John Reed, 2642. Mr. William Scott, 2643. Mr. Robert Taylor, 2644. Mr. Thomas Walker, 2645. Mr. Henry Young, 2646. Mr. George Zane, 2647. Mr. Richard Adams, 2648. Mr. John Baker, 2649. Mr. William Campbell, 2650. Mr. Robert Clark, 2651. Mr. Thomas Davis, 2652. Mr. Henry Evans, 2653. Mr. George Fisher, 2654. Mr. Richard Gibson, 2655. Mr. John Hall, 2656. Mr. William Harris, 2657. Mr. Robert Hill, 2658. Mr. Thomas Jones, 2659. Mr. Henry King, 2660. Mr. George Lee, 2661. Mr. Richard Martin, 2662. Mr. John Nelson, 2663. Mr. William Phillips, 2664. Mr. Robert Reed, 2665. Mr. Thomas Scott, 2666. Mr. Henry Taylor, 2667. Mr. George Walker, 2668. Mr. Richard Young, 2669. Mr. John Zane, 2670. Mr. William Adams, 2671. Mr. Robert Baker, 2672. Mr. Thomas Campbell, 2673. Mr. Henry Clark, 2674. Mr. George Davis, 2675. Mr. Richard Evans, 2676. Mr. John Fisher, 2677. Mr. William Gibson, 2678. Mr. Robert Hall, 2679. Mr. Thomas Harris, 2680. Mr. Henry Hill, 2681. Mr. George Jones, 2682. Mr. Richard King, 2683. Mr. John Lee, 2684. Mr. William Martin, 2685. Mr. Robert Nelson, 2686. Mr. Thomas Phillips, 2687. Mr. Henry Reed, 2688. Mr. George Scott, 2689. Mr. Richard Taylor, 2690. Mr. John Walker, 2691. Mr. William Young, 2692. Mr. Robert Zane, 2693. Mr. Thomas Adams, 2694. Mr. Henry Baker, 2695. Mr. George Campbell, 2696. Mr. Richard Clark, 2697. Mr. John Davis, 2698. Mr. William Evans, 2699. Mr. Robert Fisher, 2700. Mr. Thomas Gibson, 2701. Mr. Henry Hall, 2702. Mr. George Harris, 2703. Mr. Richard Hill, 2704. Mr. John Jones, 2705. Mr. William King, 2706. Mr. Robert Lee, 2707. Mr. Thomas Martin, 2708. Mr. Henry Nelson, 2709. Mr. George Phillips, 2710. Mr. Richard Reed, 2711. Mr. John Scott, 2712. Mr. William Taylor, 2713. Mr. Robert Walker, 2714. Mr. Thomas Young, 2715. Mr. Henry Zane, 2716. Mr. George Adams, 2717. Mr. Richard Baker, 2718. Mr. John Campbell, 2719. Mr. William Clark, 2720. Mr. Robert Davis, 2721. Mr. Thomas Evans, 2722. Mr. Henry Fisher, 2723. Mr. George Gibson, 2724. Mr. Richard Hall, 2725. Mr. John Harris, 2726. Mr. William Hill, 2727. Mr. Robert Jones, 2728. Mr. Thomas King, 2729. Mr. Henry Lee, 2730. Mr. George Martin, 2731. Mr. Richard Nelson, 2732. Mr. John Phillips, 2733. Mr. William Reed, 2734. Mr. Robert Scott, 2735. Mr. Thomas Taylor, 2736. Mr. Henry Walker, 2737. Mr. George Young, 2738. Mr. Richard Zane, 2739. Mr. John Adams, 2740. Mr. William Baker, 2741. Mr. Robert Campbell, 2742. Mr. Thomas Clark, 2743. Mr. Henry Davis, 2744. Mr. George Evans, 2745. Mr. Richard Fisher, 2746. Mr. John Gibson, 2747. Mr. William Hall, 2748. Mr. Robert Harris, 2749. Mr. Thomas Hill, 2750. Mr. Henry Jones, 2751. Mr. George King, 2752. Mr. Richard Lee, 2753. Mr. John Martin, 2754. Mr. William Nelson, 2755. Mr. Robert Phillips, 2756. Mr. Thomas Reed, 2757. Mr. Henry Scott, 2758. Mr. George Taylor, 2759. Mr. Richard Walker, 2760. Mr. John Young, 2761. Mr. William Zane, 2762. Mr. Robert Adams, 2763. Mr. Thomas Baker, 2764. Mr. Henry Campbell, 2765. Mr. George Clark, 2766. Mr. Richard Davis, 2767. Mr. John Evans, 2768. Mr. William Fisher, 2769. Mr. Robert Gibson, 2770. Mr. Thomas Hall, 2771. Mr. Henry Harris, 2772. Mr. George Hill, 2773. Mr. Richard Jones, 2774. Mr. John King, 2775. Mr. William Lee, 2776. Mr. Robert Martin, 2777. Mr. Thomas Nelson, 2778. Mr. Henry Phillips, 2779. Mr. George Reed, 2780. Mr. Richard Scott, 2781. Mr. John Taylor, 2782. Mr. William Walker, 2783. Mr. Robert Young, 2784. Mr. Thomas Zane, 2785. Mr. Henry Adams, 2786. Mr. George Baker, 2787. Mr. Richard Campbell, 2788. Mr. John Clark, 2789. Mr. William Davis, 2790. Mr. Robert Evans, 2791. Mr. Thomas Fisher, 2792. Mr. Henry Gibson, 2793. Mr. George Hall, 2794. Mr. Richard Harris, 2795. Mr. John Hill, 2796. Mr. William Jones, 2797. Mr. Robert King, 2798. Mr. Thomas Lee, 2799. Mr. Henry Martin, 2800. Mr. George Nelson, 2801. Mr. Richard Phillips, 2802. Mr. John Reed, 2803. Mr. William Scott, 2804. Mr. Robert Taylor, 2805. Mr. Thomas Walker, 2806. Mr. Henry Young, 2807. Mr. George Zane, 2808. Mr. Richard Adams, 2809. Mr. John Baker, 2810. Mr. William Campbell, 2811. Mr. Robert Clark, 2812. Mr. Thomas Davis, 2813. Mr. Henry Evans, 2814. Mr. George Fisher, 2815. Mr. Richard Gibson, 2816. Mr. John Hall, 2817. Mr. William Harris, 2818. Mr. Robert Hill, 2819. Mr. Thomas Jones, 2820. Mr. Henry King, 2821. Mr. George Lee, 2822. Mr. Richard Martin, 2823. Mr. John Nelson, 2824. Mr. William Phillips, 2825. Mr. Robert Reed, 2826. Mr. Thomas Scott, 2827. Mr. Henry Taylor, 2828. Mr. George Walker, 2829. Mr. Richard Young, 2830. Mr. John Zane, 2831. Mr. William Adams, 2832. Mr. Robert Baker, 2833. Mr. Thomas Campbell, 2834. Mr. Henry Clark, 2835. Mr. George Davis, 2836. Mr. Richard Evans, 2837. Mr. John Fisher, 2838. Mr. William Gibson, 2839. Mr. Robert Hall, 2840. Mr. Thomas Harris, 2841. Mr. Henry Hill, 2842. Mr. George Jones, 2843. Mr. Richard King, 2844. Mr. John Lee, 2845. Mr. William Martin, 2846. Mr. Robert Nelson, 2847. Mr. Thomas Phillips, 2848. Mr. Henry Reed, 2849. Mr. George Scott, 2850. Mr. Richard Taylor, 2851. Mr. John Walker, 2852. Mr. William Young, 2853. Mr. Robert Zane, 2854. Mr. Thomas Adams, 2855. Mr. Henry Baker, 2856. Mr. George Campbell, 2857. Mr. Richard Clark, 2858. Mr. John Davis, 2859. Mr. William Evans, 2860. Mr. Robert Fisher, 2861. Mr. Thomas Gibson, 2862. Mr. Henry Hall, 2863. Mr. George Harris, 2864. Mr. Richard Hill, 2865. Mr. John Jones, 2866. Mr. William King, 2867. Mr. Robert Lee, 2868. Mr. Thomas Martin, 2869. Mr. Henry Nelson, 2870. Mr. George Phillips, 2871. Mr. Richard Reed, 2872. Mr. John Scott, 2873. Mr. William Taylor, 2874. Mr. Robert Walker, 2875. Mr. Thomas Young, 2876. Mr. Henry Zane, 2877. Mr. George Adams, 2878. Mr. Richard Baker, 2879. Mr. John Campbell, 2880. Mr. William Clark, 2881. Mr. Robert Davis, 2882. Mr. Thomas Evans, 2883. Mr. Henry Fisher, 2884. Mr. George Gibson, 2885. Mr. Richard Hall, 2886. Mr. John Harris, 2887. Mr. William Hill, 2888. Mr. Robert Jones, 2889. Mr. Thomas King, 2890. Mr. Henry Lee, 2891. Mr. George Martin, 2892. Mr. Richard Nelson, 2893. Mr. John Phillips, 2894. Mr. William Reed, 2895. Mr. Robert Scott, 2896. Mr. Thomas Taylor, 2897. Mr. Henry Walker, 2898. Mr. George Young, 2899. Mr. Richard Zane, 2900. Mr. John Adams, 2901. Mr. William Baker, 2902. Mr. Robert Campbell, 2903. Mr. Thomas Clark, 2904. Mr. Henry Davis, 2905. Mr. George Evans, 2906. Mr. Richard Fisher, 2907. Mr. John Gibson, 2908. Mr. William Hall, 2909. Mr. Robert Harris, 2910. Mr. Thomas Hill, 2911. Mr. Henry Jones, 2912. Mr. George

or Colligation of the Blood, as when it occurs in hectic fever, purely purgatives can do no service; and I have seen in such Cases Rhubarb employ an hundred times without effect

E. When the determination to the Intestines is attended with Inflammation - Sydenham taught us that Venesection is the proper remedy; and Purgatives are certainly improper - Therefore, if Purgatives are useful, it is in Cases approaching to Dysentery, where there are Formina, indicating some constriction; or to correct the aptitude of Opium, when thus employed, to induce Costiveness.

L. Opiates, when there is an increased Irritability. Nothing more shews how often this is the Case, than the great use of Opium in Diarrhoea, which shews that the Irritability has taken place in a certain degree - When the Pains are considerable, and when the evacuation is very considerable, Opiates are generally at least allowable, except -

a. When the Diarrhoea can be suspected to be of the Critical kind, as in Fevers -

B. When it depends on acrimony, in which case Opium is hurtful, by stopping the Natural Excretion -

If the Diarrhoea arises from Surfeit, or other such Causes, the means of favouring Evacuation by dilution,
 &c

will
be; a
repar
from
around
story
up, in
able, a
runs
of the
after
room a
anal
nity
revis
know
but the
word
is a
to co
and the
nature
conseq
tarily
Memie

It will be very proper; but even then Opium will be allowable; and in all violent cases, as in the Cholera, they are necessary - Often Opium produce no astringency, but only a transitory cessation of action of the Intestines - On this account Opium was my favourite Remedy in Dysentery - But in Diarrhoea, if it be not universally proper, it is at least generally allowable

Astringents. In what Cases they are allowable, will be obvious from the consideration of the Causes of the Diarrhoea; but at the same time I would say they are proper only in Cases of atonia, from Causes affecting the whole system, as in hectic fever; or from violent spasms or Convulsions of the Intestinal canal - Generally in the same Cases increased Irritability will concur with atony - Hence the Lienteria a species of Diarrhoea - I have put it among the Synonyms, and have only to observe with regard to it, that the atonia of the alimentary canal must be supposed in that case, chiefly seated in the stomach, consisting in a laxity of the Pylorus, in consequence of which the contents of the stomach pass out without Coction and Fermentation; and hence pass off by stool in their natural state - In general, in all cases of atonia, and consequently of increased Irritability, Purgatives may certainly be hurtful, and astringents are the only useful Remedy - As for particulars I refer you to the *Materia Medica*

have
 can
 be
 rare
 ones, a
 this
 Char.
 Leno,
 certain
 impro
 tainly
 ing in
 of the
 and ev
 be of
 warm
 frequent
 moving

Medica, having but little Experience of them myself

Among the Synonyms of the Diarrhoea, I have put the Hepatorrhoea, an obscure disease, which I can neither from reading or observation learn any thing of - There is also the Caeliaca, or evacuation of Chylous matter, a rare occurrence, which I have met with but two or three times, and only in Cases of Menteric obstructions, discovered either by the symptoms or by dissection -

Gen. LVIII. Diabeteles.

Char. "Urino proternaturalis, copia immodica, pro-
"-fusio, chronica."

Whether this is its proper place, is uncertain. Certainly it is often spasmodic, but that it always is, is improbable. Transeat cum ceteris erroribus - There are certainly here some imperfections in our method - It is not long since I thought it one of the most mysterious diseases of the system; but now I hope clearly to account for it -

It has always been considered as a rare disease, and every body repeats the observation of Galen, who had seen it, he says, but twice - It may be rarer in warm climates than in cold ones, and therefore more frequently seen by me - Celsus takes notice of it, without observing its rarity - It is certainly more frequent than it is

though
and ab-
count
t, with
ould
it is
did not
t con-
also w
tion-
age, to
Vine
my be
taken
to also
think
favor,
ly the
congru-
ing aff-
such
tion, to
t will
count

is thought to be - and I have often found it when not observed by the Patient himself - Upon the whole, however, and comparatively speaking, it is a rare disease, and on that account Physicians have given very extraordinary facts about it, which we shall neglect, to avoid the long discussion they would lead us to.

1. It has been frequently said, that in Diabetes, the drink did not change at all - It affects me with melancholy to consider how uncertain and false our facts in Physic are, even when asserted by men, otherwise of credit and Reputation - Thus Bartholinus, an eminent Physician of the last age, tells us that in a Diabetes he had, he rendered Rhenish Wine in the same state in which it was drunk; so that any body who saw it in a Glass would certainly have mistaken it for good Rhenish Wine; a fact very false - He also mentions Benedictus Sylvaticus, who had known a Patient, as he says, who rendered red Wine exactly of the color, flavor, and all the other Properties of red Wine - Consider only the whole course of the drink before it arrives at the Urinary, and you will see the impossibility of its not being affused with mixture.

2. Such Stories are also told of the suddenness of the Evacuation, that Eminent Physicians, either deceived themselves, or willing to deceive others, have thought, and given an account of other passages of the Urine to the bladder than the

the Urine - an Author says that after a Signature made on the Urine the bladder was filled, a fact which from all contrary Experiments, I take to be a perfect Lie - See Haller's Physiology, where he has collected and refuted all these -

3. They have also told lies about the Quality of the evacuated fluids - Sometimes they tell us that is chyle - sometimes sweet like honey - I will not say these are entirely without foundation, but they appear very improbable - They are chiefly English Writers who have spoke of the Sweet Diabetes, or such as seem to have copied from them, which Savages properly calls Diabetes anglica - See among the Disputations of Haller one of Dr Met. Rara Diabetes Pervasio - There, he says in speaking of the taste of the Urine, "Sub-salia ad dulcedinem magis vergens" - a Pure Sea Salt gives to the Tongue a sensation of Sweetness; Whence the common Expression, Sweet Salt - Limewater and other Substances, as Alkalies, give also that sensation of Sweetness, without having sweetness in themselves. I have carefully sought for Sweet Urine in five or six Cases, without finding it, though some of my Brethren pretend to have been more successful - Sydenham has not mentioned this Circumstance

4. The quantity is also falsely exaggerated - An Author says ~~XX~~ it were pos'd in an hour, "ut repeti visus" "tineat" as Haller says -

To confine ourselves to what is more properly the Case, I reject these facts, as false, or inexplicable and unintelligible - I confine myself to increased Quantity of Urine; and to account for it, I say,

1. That it may be owing to an unusual dilatation of the Secretories in the Kidneys - Hence we understand how some persons have their Secretories often in such a state of action, and so fitted, as to be much relaxed by it.

In proof of this, Diabetes is a disease of great drinkers, especially of those who are small drinkers, and are therefore obliged to take large quantities to produce Intoxication - I was member of a Club of my own Countrymen (West), when small Beer was the jovial Liquor of people above the common Rank in Life - We used to Scourge, as it was called, the Nine-gallon Tree*. The method was to set it running, and succeed one another with Cups, as fast as it was drawn off, so that in about half an hour seven or eight drank all this quantity, and induced in the Secretories of the Kidneys a permanent Laxity, so that several of this Club had afterwards a Diabetes - A Gentleman who three or four years ago wrote here his Thesis on this disease, says that he knew a Club of Ladies who imitated the other Sex, by drink Toasts, but the Liquor used was Tea, of which more than a gallon each was sometimes drunk; and one of them was seized with the Diabetes - The fact is certain the Consequence probable - Hence also this

* Scotch, or 36 English gallons. dis

disease is more frequent among those that drink mineral waters, who generally think they must drink much - Haller mentions a person who every day drank five English gallons -

2. Independently of such dilatation, the Secretories may be relaxed from debility to such a degree as to admit great quantities of fluids to pass - Some causes of debility act more particularly on the Kidneys, as in the atonic Gout, and Sauvages has a Diabetes Nephretica - There are also other cases in which the Kidneys are affected along with other diseases, from Cachexia.

Dr Mead has taken a singular fancy, that this disease arises from the Bile; hence he explains the sweetness of Urine by the separation of water from the Bile. But in Experiments, at which I have been present, this could never be done; and it is easy to perceive that this is mere Hypothesis, In consequence of which Dr Mead was led to explain the frequent Connexion of Diabetes with Scirrhi of the Liver - I have told you already that Cachexia is an incipient Anasarca, or Laxity of Lymphatics, which may be communicated from one Viscus to another, to the Kidneys, for Example - Intermittents produce a cachectic state, and also, according to the observation of Sydenham, Diabetes.

3. Diabetes may be owing to Stimuli, direct or indirect.

Thus

Thus the Diabetes Hysterica, arising from Convulsions of the alimentary canal, affecting also the secretories of the kidneys - Dr Whytt, labouring under a variety of symptoms of Dyspepsia and Hypochondriasis, was also frequently affected with Diabetes. While the atonic Gout produces so many disorders in the viscera, it also affects the kidneys, and induces the diabetes arthritica. Thus Bartholinus had a Diabetes, in consequence of a Calculus in the Pelvis of the kidney. Hoffman mentions a case of frequent Diabetes, which on dissection was found to depend on the stone. Authors explain this by the frequent use of Diuretics in that disease - If it were true that diuretics act very powerfully, they might induce the dilatation of the secretories, of which I have spoken; but consider how little they operate, how great a quantity of them is necessary, and how soon they are washed off, and you will conclude that little is to be attributed to that cause.

4. Increased Absorption of watery parts - While the Urine is proportioned to the Drink, there is no diabetes; but there are many instances proving that the Skin can be in an absorbent state - When we find that for a long time the Urine exceeds the Ingesta, as it does sometimes when it is 4, 5, or 6 times as abundant, and even so far as it exceeds the weight of the body in 24 hours, we must suppose that it comes from ab.

absorption, either by the Lungs, or by the Skin. Some late Writers have proved that it could not come by the Lungs: therefore it must be by the Skin. Every day it happens that obstructed Perspiration is detoured to the urinary passages - So far as this is a transitory affection, no disease ensues; but we can receive that if this be continued, it will turn into habit, from the fact I have mentioned to prove absorption - There is reason to believe that under the derivation of perspiration, the disease must go on always increasing by the absorption taking place - Thus we must explain the effect of sudden cold drink, in inducing a permanent Diabetes (either from absorption, or unusual quantity; we may however observe that obstructed Perspiration has little share here) -

In all Cases of Diabetes I have seen, there is in the beginning a coldness and dryness of the Skin, which make us presume that Cold Climates are more subject to than warm ones - Hence Dr Mead advises for the Cure to go to warm Countries - Hence also we may explain how the Diabetes is more considerable in day than in night, from obstructed perspiration. I was in hesitation, whether a dissolution of the blood would not induce Diabetes, as in Colliqua-
-tive

[Faint, illegible handwriting, likely bleed-through from the reverse side of the page.]

[Faint handwriting visible on the right edge of the page, possibly from the adjacent page.]

Colligative hectic Cause, but it cannot long subsist; whereas Diabetes is a Chronic disease often, as marked in the Character - Diabetes does not occur in Scurvy, and in other Instances of dissolution of the blood. This is the best argument I can give of the remote and Proximate Causes.

There are still some other remarks to be made on the Pathology of this disease -

1. It is constantly attended with Thirst, which should have been marked in the Character, and which is easily explained from the efflux of watery parts to the kidneys from every part of the System, thus occasioning a dryness of the Throat; and explaining also the Ardor Viscerum that occurs here - These symptoms likewise occasion Ascites - Whether we may not also suppose a superabundance of Acrimony, in consequence of the diminution of watery parts? Whether also the Acrimony of obstructed Perspiration is not accumulated in the blood, without being derived to the Kidneys? We know that obstructed Perspiration may produce Diarrhoea, and we have seen it naturally terminate on the Mucous glands of the System - The thirst, Ardor Viscerum, and hectic induced in consequence of diabetes, will also give great presumption of Acrimony in our fluids.

C.W.M.

The first of these is the fact that the
 system of the world is not a simple
 one, but a complex one, and that the
 system of the world is not a simple
 one, but a complex one, and that the

system of the world is not a simple
 one, but a complex one, and that the
 system of the world is not a simple
 one, but a complex one, and that the
 system of the world is not a simple
 one, but a complex one, and that the

system of the world is not a simple
 one, but a complex one, and that the
 system of the world is not a simple
 one, but a complex one, and that the
 system of the world is not a simple
 one, but a complex one, and that the

system of the world is not a simple
 one, but a complex one, and that the
 system of the world is not a simple
 one, but a complex one, and that the
 system of the world is not a simple
 one, but a complex one, and that the

Cure. If the disease depends on the Gout, or Cachexia, or Hycteria, the Cure must be directed to the primary disease - We are here to consider chiefly the Case of Idiopathic and primary affection of the Kidneys themselves, where we must endeavour to restore the tone of the relaxed Vessels - Though astringents can scarce be carried to a particular Viscus, yet the Kidneys give an Exception, chiefly if the astringent be of the Saline kind, and therefore particularly directed to the Kidneys - Hence Astringents may Cure this disease - Thus Alum Whey and Vitriolic waters have been much employed, as you may see in the Prescriptions of Dr Dover and Dr Mead, and in the dispensatory -

These Remedies may probably answer often the purpose, but often also they may be doubtful. Alum is the most powerful astringent, except the Metallis. When the disease is in consequence of stonia of the system, there may be some doubt concerning this method, as preventing the Evacuation - If it be from Laxity of the Skin, we may employ astringents, but take Care to make a determination to the Surface - This is done by warm bathing, and Gustation, but most of all by going to warm Climates - I would in every Case take the advantage, and begin the Cure by procuring the determination to the surface - In Case of Hemorrhage, I said astringents cannot be relied on beyond the Primæ viæ Gen.

100.
HAR:
vol
ig
idg
atob

us on
much
met
istoria
ing else
huor

min
ter.

inter
the
refine
now as
tomac
is a ba
cult to
brough

Gen. LVIII. *Hysteria*.

Char. "Ventrici murmur; sensus globi in abdomine
 "se volantis, ad ventriculum et fauces ascendenti,
 "ibique strangulanti; sonor; convulsiones; urinae lim-
 "pidae copia profusa; animus, nec sponte, varius et
 "mutabilis."

A Genus very difficult, but these difficulties
 occur only with regard to the Theory, which I'll save you
 as much as I can, but there are other difficulties with
 respect to its Nosology and Pathology - Therefore as the
 Historia Morbi is the matter of fact on which every
 thing else rests; as in authors it is embarrassed by super-
 fluous Combination - I'll begin with it.

The *Hysteria* is expressed by a series of the
 nomina, the chief of which are delivered in the Charac-
 -ter.

Ventrici murmur, a feeling of some swelling
 or intumescence, beginning commonly on the left side,
 at the place of the great flexure of the Colon, which is
 presently set on motion, making various undetermined
 convulsions through the Intestines; then rising to the
 stomach, and from thence to the Throat, where it is felt
 as a ball behind the Larynx; it stopping, gives diffi-
 -cult breathing: But before this it was commonly
 brought in some degree of stupor, Insensibility, and
 Dilig.

Liliquium animi, under which the Patient continues
sometime insensible -

Sensus Globi &c, so far we proceed - Then are
the essential and Characteristic Circumstances, but va-
ried sometimes with a few others - The motions in the lower
belly are often more obscure, till the ball is felt in the
throat - The Strangulation is the most characteristic
Symptom - But very commonly it has several other Cir-
cumstances - On the Stomach, it excites vomiting -
It often affects the Thorax with an asthmatic fit,
which sticks sometime there - It often brings on pal-
pitation of the heart, more or less convulsive; some-
times Tetanus, Opisthotonus, Epilepsy, and particularly
a violent beating of the breast with the right hand;
also Spasmodic affections of the viscera, and thus
the Diabetes - The Intestines are kept under a strong spasm,
so that it is impossible to introduce a pipe. (and as
M. Solivet used to say, *quand il avait bien peur on
Marrait, par Dieu, bouché le trou avec une de
boue, en montrant le petit bout de son petit doigt*)
at the same time the Urthra is often open -

The mind is also affected, the Patient laughs
and cries suddenly, and sometimes alternately, without
any transition - Coma, Stupor, and Insensibility, but
often false Imagination and Delirium - Sometimes
one

to fit,
every
of the
Diag
Inger
any
since
these
in the
hemble
what
to make
in m
on the
are ra
and of
iti -
appear
in the
instru

one fit only occurs; at other times the relief is only temporary, and the fit is frequently renewed -

We come now to the Circumstances preceding the fit, viz, the Remote Causes.

1. Every Passion, more sudden, or considerable motion of the Mind.
2. Disagreeable Sensations, particularly Smells.
3. Ingesta disagreeable to the stomach.
4. Any unusual or sudden fatigue, such as a little violence in dancing.
5. These Circumstances are chiefly powerful in bringing on the fit, if the person be exposed to heat, as in a hot Chamber, or in sun-shine, &c, which is very analogous to what occurs in Epilepsy -

This disease chiefly affects the female Sex, rarely the male; but I have seen a very exact resemblance of it in men of an effeminate Constitution - It occurs from the age of Puberty to that of thirty five, and more rarely before or after - I know a Girl of ten years old who has hysterical fits, and Chorea Sancti Viti - Women more advanced in life have it rarely - It affects Plethoric, Sanguine, and robust women, and is in them exquisite and violent -

It is more liable to occur at the time of Menstruation, at which period they are more sensible to

of the Remote Causes. another peculiarity, which
 I wish I could omit, is, that Women liable to Hysterio-
 mania are particularly liable to Hysteria, and in them
 it is no other than a fit of Salacity. It has always
 been understood that it is attended with moisture of the
 Vagina, which shews that they are under a venereal
 Organ at the time of the fit, and often this is arti-
 ficial - see Sauvages Hysteria Libidinosa, which is
 more frequent than he imagines - see Astruc, when
 speaking of the Cure of Hysteria and describing the
 Paroxysm, he says: "à la fin de presque toute attaque
 "il coule de la matrice une humeur muqueuse tantôt
 "grise tantôt blanche, tantôt sanguine, & again c'est
 "l'usage ordinaire de mettre dans le vagin du muse
 "ou de la civette pour procurer l'écoulement dont
 "la matrice est abreuvée; mais la religion ne permet
 "pas d'exposer des pollutions." Observe however that
 though our Women do not excrete any - The French
 Women are not so nice - "Il est vrai que les femmes
 "en pris des malades ^{éparquent} ~~éparquent~~ au médecin la peine
 "de les de fendre car c'est par là qu'elles commencent
 "à ce qu'elles répètent ^{plusieurs} ~~plusieurs~~ fois malgré le mé-
 "decin" The Women of France know their own con-
 -stitutions much better than any Doctor of us all, and
 Astruc says they will - notwithstanding all he could
 say to them - This could not be passed over - But we
 must take it as Philosophers. It affects all Women,
 but

but among the married, chiefly those that are barren.
 so far for the history of this Disease -

All this is a concurrence of symptoms with which every Practitioner is well acquainted. Why, then, would so many Practitioners join this, & other different diseases, under the general title of Nervous Diseases? There is nothing more common than to say, that Hypochondriasis is for males what Hysteria is for females. Dr Sydenham himself speaks so, but has very well described the proper Hysteria - This distinction will at length force itself in our Nomenclature - Vogel has characterized neither one disease, nor the other - If his Character means any thing, it is rather Hypochondriasis, and does not at all belong to Hysteria. Hypochondriasis, anxietas, precordialis, &c. Hysteria, eadem in mulieribus - Sauvages and Linnaeus have distinguished the two diseases, but neither of them has properly characterized Hypochondriasis; yet they have kept them distinct - If any doubt concerning this still remains, observe that a false tone of the Mind, dejection, limidity, and dyspepsia are frequently combined with both these diseases, but differ in the sex they attack. Hysteria is very rare in the male. Hypochondriasis is more frequent in the female, but not so rare in men. The exquisite Hysteria occurs only in Robust Sanguine Women - Hypochondriasis occurs only in Melancholy temperaments - Hypochondriasis may appear very early, but
 much

much
contran
but I g
often
25. and
not ac
rable p

Hypo-
in the
teria
-ma
-ple
and

impr.
what
bireu
of the
depend

-water
how
-tend-

much more seldom than in the decline of Life. It is the contrary with Hysteria, which may appear before Puberty, but from 15. to 25. is the common period, so that nine often cases appear then, and the rest chiefly between 25. and 35. - Dyspepsia occurs sometimes in Hysteria, but not always, and never permanently; whereas it is inferable from Hypochondriasis.

Then two diseases then must be totally distinct. Hypochondriasis is sometimes attended with Convulsions in the Intestinal Canal, and on the other hand, Hysteria includes Hypochondriacal affections on the Stomach; but this does not unite the two diseases - In purple you cannot distinguish blue from red, but blue and red are very distinct colours -

The general name of Nervous disease is improper, because it leads to no general cure - From what has been said there is no doubt, but the chief circumstance of Hysteria is the convulsive motion of the alimentary Canal, commonly and entirely depending on the plethoric mobility -

To say how the state of the Uterus communicates Plethora in the alimentary canal; to say also how the Genitals are connected with it, I do not pretend - It is enough that these facts are established, as being

being, I hope, a proper foundation for our method of Cure - Every where you'll see the analogy of this disease with Epilepsy, with which it is frequently more combined - as Epilepsy depends chiefly on a plethoric mobility (but also on a delicate Mobility without plethora), so the Hysteria chiefly affects plethoric, robust and sanguine Women; but not always. In those Cases of debility without Plethora, the System is more readily affected, but not so violently - The mind is affected with Pusillanimity, and the Stomach with Dyspepsia - Hence it is often doubtful whether the Dyspepsia is Hysteria or Idiopathic - This distinction cannot be done, except by the knowledge of all the preceding and concurring circumstances - The Dyspepsia Chlorotica and Catamenialis may give us some doubt, but do not hinder steadily to distinguish the two diseases -

Cure. This rests on three Indications, the same as Dyspepsia.

1. To avoid predominent Causes.
2. To remove the Plethora.
3. To remove the Debility.

With regard to our Practice during the time of Paroxysms, we commonly find bleeding relieves it. In persons manifestly plethoric, and in the first attack

Attack of the disease, as in asthma, bleeding may be proper and even necessary; but in weak persons, when the Paroxysms have been frequently repeated, bleeding is useless and pernicious. There are cases of Hysteria in which it is very proper to open the belly, because of the constriction of the sphincter ani; but not so much as in asthma. With regard to the rest of the Practice, it is to remove the stupor by Stimulants, and the Spasm by sedatives. But these are ambiguous—

- A. Because generally they have little power.
- B. Because they are frequently hurtful.

The same Sedatives that bring on the fit will often remove it. If they act as Emetics, they moderate the excitement during the fit; but they may bring it on, when abated, by reaction.

During the Interval, Occasional Causes must be avoided, which is very difficult. If the fit is brought on by Venery (as you may judge of after what I have said), if by full living, late watching, you will find it difficult to make the Fair Sex comply with your Injunctions. If it be owing to a want (desire) of Children in Maids or married Women; this we cannot help.

From Dyspepsia being sometimes combined with Hysteria, it is common to enjoin animal Diet to Hysterical persons, and to avoid Vegetables, mild and cooling Diet

Diet. This is a mistake. There is ^{no} conquering the Plethoric mobility, which keeps up the disease, but by bleeding and ~~+~~ spare diet properly employed. When the Plethora is manifest, this is doubtless; but even when the Plethora is not manifest, every occasion of fulness brings on the Disease, and is to be avoided by low diet.

The Cure of Hysteria during the Paroxysms turns nearly on the same Principles, which, in asthma, direct us ~~to~~ think bleeding necessary, and allowable in Cases of Plethora, and in the first attack of the Disease; but useless and hurtful in a more advanced Stage, and in Cases of pure mobility. Glsters, as in asthma, may also be useful. On account of the situation of the Brain, we here employ stronger Stimuli than in asthma. Certain antispasmodic Herbs are also employed, and are less ambiguous in Hysteria than in asthma. We commonly employ Odours in asthma; yet there is danger in them; but not so much in Hysteria, unless this disease is combined, as it sometimes is, with asthma.

With regard to the Intervals, the same method of Cure is to be employed as in Epilepsy.

1. To avoid Occasional Causes. With regard to which I have mentioned the difficulties occurring.
2. To take off the Plethora, by Bleeding and abstinence. the

The management of which I need not repeat - but sometimes the combination of hysteria with Dyspnoea, makes the stomach unfit to bear Vegetable food - But very generally a spare diet is necessary, even in cases of pure mobility, & avoid occasional fullness.

2. To remove the Mobility, rather by fresh air and exercise than by medicines - But if necessary we employ Antispasmodics and Tonics - But the habitual use of antispasmodics renders them useless; and they are proper only near the fits - As to Tonics; the sudden application of them in plethoric cases, is dangerous, and the too long use of them is dangerous also - They are useful chiefly in cases periodical or nearly so - But Metallic Tonics may be better than Vegetable ones - Tin, so much boasted, I have not tried, being afraid of its poison - Copper is sometimes successful in Epilepsy, but never steadily in Hysteria - This is enough of the cure of Hysteria.

Gen. LIX. Hydrophobia.

Char. "Potiois cujuslibet, ut convulsionem pharyngis dolentem exenti, fastidium et horror; pleurisque a moru animalis rabidi!"

A curious subject, but too difficult for me

Spec. Lit. 17. 17. 17.

et quæ

Desperat. tractata necesse est populo relinquat. as says the Poet. We could wish to investigate this disease. I have never had any opportunity that will enable me to make practical observations. Yet I am confident the character I have given of it is not satisfactory. I wish the affection of the Pharynx was better ascertained by dissections than it is.

Ord. IV. Vesania.

Nothing is more necessary than a minute Criticism in Nosology. Every Nosologist has formed a Class of these, but differently. Sauvages in his Class of Vesania comprehends the Hallucinationes, which being ab organorum externorum vitio, are morbi Locales. He has made another Order of the Morositates, most of which do not touch the Intellectual Faults. It is his Order of Deliria only, properly characterized *Errores mentis judicantis* that we mean to comprehend here. The Class of Mentales in Linnaeus is ~~exactly~~ the same with the Vesania of Sauvages, and his Orders of Imaginatorii and Pathetici are equally faulty,

by

4

by confounding affections of the Sensus and will with those of the Intellectual faculties. It is only that of the Idiales which agrees with ours. Vogel's Paranoia is more exact, and agrees well with us in referring other Genera of Sauvages and Linnaeus to other Classes. Thus our Order is limited, but I am not pleased with the Character "Mentis functiones laesae sine pyrexia vel comate." - Mens is an ambiguous term, but we mean to confine it to Intellectual faculties alone. In confining our Order thus, we agree with other Nomenclators, by separating it from Diseases attended with Coma and Apoplexy. The Delirium of Palsy is merely Symptomatic, and not comprehended here; but Authors have confounded the Symptomatic and Idiopathic Verania in other respects, and not only sine Comate, but sine pyrexia was necessary to exclude the Febrile Delirium.

You would perhaps expect I should explain what I mean by Laesae Functiones, or Insanias; but these terms require too much discussion, being too nice and Metaphysical, and are to be referred to Pathology. Gaubius is very good on this subject. Delirari dicitur &c. I am to confine myself to
 Er

moves
 imagin
 and De
 as with
 Micro
 cut it
 is in
 a pla
 speak

 as ap
 In a

 Imen
 and M
 men
 Fatur
 of EX.
 terize
 the A
 It is n
 depend
 * "Men

Errores Mentis Judicantis (but *delirium* is a case of false imagination, from internal causes; which makes an exception, and does not enter into our Order) - *Madness* and *Delirium* comprehend also emotions and Passions unsuited to their Causes, and thus seem to run into the *Morositates* of *Savauges* and the *Pathetici* of *Linnaeus*; but it is only in consequence of disordered Judgement. This may shew you how nice the distinctions are to be made here. In short we mean, with *Gaubius*, to speak of *Mens a commune sensu aberrans* -

As for the Genera, they are divided

1. As affections in a state of waking, and
2. In a state of Sleeping

The first are distinguished again into *Amentia*, on one hand, from *Imbecility*; and *Mania* and *Melancholia*, on the other, from disordered Judgement. Sometimes it may be difficult to say that *Fatuity* does not depend on a want of Memory.

G. IX. *Amentia*. * *Savauges* has not well characterized this; and I mean It should comprehend also the *Amnesia* of *Savauges* and the *Morosi* of *Linnaeus*. It is difficult to determine whether *Amentia* does not depend entirely on defect of Memory. We trust to

*. "*Mentis functionum imbecilitas*" your

your Judgement for the Character - But we would be
 anxious to know the Internal state of the Brain in
 this disease. From its so frequent occurring with pal-
 -sy and cases of Serous Effusions, it is not without rea-
 -son that we suppose Amentia often to depend on
 compression - But the Brain the Brain has frequent-
 -ly been found soft and flaccid - Hence it attends the
 Hydrocephalus - This is confirmed by the Idiocy
 of Children, which makes it probable that the flaccidi-
 -ty makes the medullary fibres of the Nerves unable
 to perform well their functions - But, on the other
 hand, the Fatuitas Senilis depends on dryness and
 rigidity of the fibres, which is confirmed by dissec-
 -tions - This shews how the State of the mind may
 depend on the Mechanic state of the Brain, and a
 sound Judgement be connected with a certain medi-
 -um between flaccidity and rigidity, humidity and
 dryness - But humidity is more commonly the cause
 of Fatuity - There was a Case of Fatuitas Infan-
 -tilis, of which the Patient ^{recovered} by a new Education, as if
 he had been a Child: This was in consequence of a
 Fever - What this depended upon I do not know -

The Theory of Amentia may interest the Physic
 of the Brain, but not our Practice, for it is incur-
 -able.

Gen.

Pen

Gen. LXII. Mania.
 Char. "Insania universalis.

This comprehends Melancholia, and these two genera are more the subject of our Practice - Furox has been the general Character of this disease - see Linnaeus and Sauvages. But this is the case only of the Mania furabunda, and not of the Mania Tranquilla. These two have been treated by authors as different genera; but they are scarce different species of the same Genus - I have seen an hundred Instances of Mania where the Furor was sometimes present and sometimes absent; which renders our Character more proper - But you must understand this as nearly universal - There is no proper limit between Mania and Melancholia -

As for the Theory, you may here Nihiloplus agas quam si des operam ut cum ratione insanbas; but every attempt to it is allowable - For precision's sake, I suppose it understood,

1. That there are two State in the Brain, Excitement and Collapse.

2. From the different states of sleeping and waking, it is plain that the Brain can be in a state of Excite
 - cite

Excitement and Collapse at the same as well as at different Times.

3. The Delirium before and after sleep, shews that a right Judgement depends on equality of Excitement and Collapse - The Delirium before sleep is explained by the state of Collapse which comes to trouble Ideas of the Brain - A partial Excitement will have the same effect - The force and Velocity of our Ideas determine the justness of them - Every hurrying Cause troubles them, and induces Mania, sometimes very permanent, from passions and violent emotions - Hence a violent Excitement may certainly be the chief cause of Mania. When we see the Impetus of the blood in Phrenitis and fever, so readily occasioning Delirium, we must ascribe this to increased Excitement, though in fevers there be also a mixture of Collapse - But what proves best the excess of Excitement in Mania, is the enormous force and vigor of the Patients - A girl, delicate and weak before, comes now, by this disease, to such a degree of vigour as to break chains of Iron - Maniacs resist powers inducing sleep - If we consider sleep as the effect of Collapse, or less Excitement, we see the application of this. Again, they have a considerable power of resisting the effects of Cold - Cold always operates at first as a Sedative, inducing Collapse - Hence also Maniacs resist impressions, in consequence of that force of their system, which is so remarkable. They resist also
 &c

Sedatives and Opium in the same manner. If there be constantly a correspondent state of the body & that of the Mind, we may understand how a violent Excitement in -duces that force of the system; as is exemplified in Anger.

From all this it appears that the *Mania Furibunda* depends on excess of Excitement.

The *Mania Tranquilla* may depend, on the other hand, on Causes of Collapse. What are the Causes of these two states, I do not say; but some are evident; as the affections of the brain, tumors, Scirrhi, chiefly Inflammation, and partial Irritation. These are proved by Dissections, but not discovered by external symptoms, and are out of our reach. But there are also Causes of transitory as well as of permanent Mania.

I do not choose to go far on the Theory of Mania, but I hold it necessary to go a certain length. Accordingly I have, from palpable considerations, said, that in the *Mania Furibunda* there is a violent Excitement: In *Amentia* a considerable Collapse.

In most Cases these two states are probably mixed.

What induces these states is not always evident, but sometimes, on dissection, Mechanic or Organic affections of the brain are found; but are not apparent by external symptoms, and would be, if discovered, Curable. But happily all Cases are not of this kind.

There

1. Violent
 but a
 joy
 violence
 -vent
 I feel
 I feel

There are many Cases of transitory Mania, in which such Mechanic or organic affections of the brain are improbable, and even in long permanent in which nothing of the kind is discoverable by Dissection. The Method of Cure gives us the same conclusions, viz, that there are Cases of Mania without evident Mechanic or Organical affections. But since it is probable that every State of the Mind has a correspondent State of the Body, what is then the nature of that Corporal affection in Maniacs? Or in other words, what is the State of the brain in them? See Boer. Aph. 1121. Cerebrum siccum durum &c. Morgagni, a later Dissector, is of the same Opinion, that universally the brain of Maniacs is more firm and dry. Dr Meibell of Berlin, after many Experiments, has constantly found that the brain of Maniacs was of a greater specific gravity. Between the extremes of dryness and fluidity, there are many intermediate degrees, the highest of which may give Mania.

The Remote Causes of Mania are

1. Violent and sudden Emotions and Passions. He was frightened out of his Wits, is a common Expression. Anger and Joy have been changed into permanent mania. How these violent Passions and emotions operate in inducing different diseases, is not my business to explain.
2. Permanent Passions, such as grief, sadness, ambition, Disappointment of keen desire, Erotomania, &c.

3. All intense study or application of the Mind in one train, only, chiefly for some time - I know a Gentleman who applied himself for six hours to sum up the accounts of a great and thick Company, where the matter was nice and accuracy necessary; which entirely deprived him from for 72 hours - May he was bordering upon Mania - It has been commonly alledged that the study of the Scriptures is apt to make people mad, and though this is not frequent, yet it sometimes happens, as in the study of the Revelations - The same has been said of the search for the Philosophers Stone - It is said that the first either finds them mad, or makes them so - I believe it is the former, and that none but mad people, or those inclined that way, engage in that study - This will also apply to the last - These are the Causes operating on the mind -

Among those acting on the body, POISONS are remarkable - Most Vegetable Poisons are Narcotic, Intoxicating, and Infatigating, such as Opium, by which we produce a temporary Mania - If given in greater quantity the Delirium is more permanent - Or it may be brought on by frequent Intoxications, which should therefore be avoided -

Other Causes acting on the Body, as Fever, &c. are not quite clear - It has been imputed to determination to the Brain, in consequence of suppressed Evacuations or Pustles -

Lastly

Lastly. A Turgescence of the genitals in Both Sexes is certainly a frequent Cause of Mania - How these Causes are fit to induce Excitement or Collapse, or both, in an unusual degree, is difficult and unnecessary to say - If you prosecute this subject too little, you are Amentes: If too keenly and confident, you are Maniacs.

As for the Application, in the Title of Preachers, There is the Mania Furabunda, depending on excess of Excitement; and Mania Tranquilla, depending on excess of Collapse - The former, or Mania Communis of Sydenham, Experience has taught us, according to our Theory, is cured by all means opening the Excitement and determination to the Brain - Abstinence to a considerable degree is universally proper - There is nothing more remarkable than the Power which Maniacs have of bearing Abstinence - The Mahlians might take this for a Direction of Nature - The least Nutrition, Dilution, or even water alone, will alone often be sufficient.

2. Bloodletting. It is difficult to determine to what cause this ought to be permitted - In the Mania Furabunda, when there is no other fever than from the agitation of the body, and the Pulse so far from being frequent

frequent, is rather slow, but full and strong, and Indicating Plethora. In such a Case, Bleeding is certainly necessary; and even in a melancholic Temperament is often proper. A Diluvium Animi, brought on in that way, has often been found useful; but is difficult to practice, because many Maniacs will bear a greater Evacuation than others. I would always stop within two pounds, and even less in particular Circumstances.

3. Purgings are very necessary. For this purpose the ancients used Elixiborus. But by employing the most acrib Purgatives, it is thought the ancients did not do so well as the Moderns, by gentle Purgatives. Cremor Tartari has been said to cure with Time Mania and Melancholia. I have sometimes seen it employed; but unfortunately with little benefit. We may push the Evacuation too far. Cooling Laxatives appear to me the safest, and we can always substitute the more acrib, if necessary.

4. The application of Cold. There are instances of Maniacs being cured by wearing a bonnet full of snow, and by breaking from their keepers, and straying in the cold fields; or, as was the Practice of the ancients, by pouring cold water on the head. But the Moderns have exclusively adopted Cold Bathing. Van Helmont speaks very highly of it, and relates that a Maniac was cured by half-drowning. See also Boerhaavi's Precipitatio in Mare. He let them remain under so long that sometimes they were
re

...in water, but not in oil, and ...
...to make a fine, bluish ...
...in a ...
...in ...
...in ...
...in ...
...in ...

2. ... is very ...
... and ...
... it is ...
... the ...
... and ...
... and ...
... and ...
... and ...

3. ... of ...
... and ...
... and ...
... and ...
... and ...
... and ...
... and ...
... and ...

recovered with difficulty; quamodum fere potest, requires
 some judgement to determine how long a man can be under
 water, and yet recovered. It is not Cold bathing alone, but
 also half Drowning that contributes to the Cure. But this
 is a matter of nice consideration, and fit to be practiced
 only upon Witches. There are Maniacs who have been
 Cured by staying long in the water, for example eight
 hours - and this is founded on better Authorities than
 that of Mr Pomme. It is perhaps only to that length
 that it can be a remedy - as for the submersion, it
 is agreed that it might be continued to a considera-
 -ble Loss of the Senses. You will perceive how Cold
 Operates here, from what I said of their being almost
 insensible to Cold; and from the Utility of Interrupt-
 -ing the Train of thought.

5. *Narcotics*. If the disease be high, we must employ
 powerful Sedatives, as Opium; but it is hurtful
 in Phrenitis, and it is better to omit it in Plethora and
 habitual Turgescence of the vessels - at the end of Wepfer's
 historia apoplexia you have a Cure of Mania by
 Opium, repeated and increased by degrees, sometimes to the
 dose of fifteen grains, given, as I understand it, in
 Sydenham's way, by waiting the Issue of the first Dose,
 &c. to induce Sleep, &c. and when there is no Plethora,
 and no unusual vigor; when copious Evacuations have
 relaxed the body, I believe that Opium is constantly
 to be employed, and that it is useful -

Besides

Besides Anodynes, other antispasmodics have been tried - a Physician of this place says, in the Philosophical Transactions, that he has cured Mania by giving Camph. ad ʒss for many hours together - It may be so, but I have tried it without effect - In a great dose it induces Mania. In a small dose, however it may be useful, as according to the Experiments of Bologna, it has been found to induce sleep in different Animals - Van Swieten and others give Instances of Moscks having been useful; and I have a better opinion of it, if we had it better prepared -

To these Remedies I join FEAR, which in Maniacs, in spite of their audacity, is practicable - We must impress an over awe on them, by Cords and Chastisement - But barbarous people have gone so far in this - Morgagni tells us of a Maniac killed by his Tutor - Humanity should restrain these cruelties, but I am convinced that fear is always a useful and proper Remedy - These Remedies, when judiciously employed, are the properest for Mania Furibunda, and when they fail I always suspect some topical affection of the Brain, which is incurable.

The Mania Tranquilla is of more difficult Explanation. This seems to depend on an excess of Collapse with partial Excitement - But it is difficult to distinguish this from the other, unless it be by symptoms of
Amen

[Faint, illegible handwriting in a cursive script, likely a historical document or letter.]

[Faint, illegible handwriting on the right edge of the page, possibly a marginal note or a continuation from the next page.]

Amentia, Forgetfulness, Illness, &c. - That there are
 such Cases is doubtless. Sydenham speaks of a Mania follow-
 -ing Intermittent fevers, which are treated by Evacuants. He
 indulges here, as is often the case, his Theory, and says that the
 Mania furabunda arises a Sanguinis Exaltatione, and the
 Mania Tranquilla a Sanguinis Vapiditate, Terms certainly
 more difficult to be understood than those of Excitement
 and Collapse. I take the Mania a Sapiditate to be a case
 of Collapse, because it changes to Stultitia by Purgatives and
 Evacuants, and is cured by Tonics and Stimuli. Amentia
 Congenita I have met with more frequently than the Amen-
 -tia Occasionalis; but were I to meet this again, I would em-
 -ploy Tonics and Stimuli, as Sydenham did. He Prescribed
 ea quae Cerebrum et Spiritus Animalis corroborant, and
 he ordered an Electuary composed of a little Opium, with ma-
 ny stimulant Medicines - Explain this as you will. It
 seems to me to suppose an unequallity of Excitement
 and Collapse. There was a Gentleman who was re-
 -puted for his success in curing Maniacs. He had the man-
 -agement of a large farm, where he forced the Maniacs
 into all sorts of Bodily Labour; and though he pretend-
 -ed to employ Medicines, yet, as he acknowledged to a Phy-
 -sician, he had no dependance on them. Thus his Pati-
 -ents were induced to sleep, and were gradually cured.
 But often this is impracticable, and it is not easy to
 find Maniacs as tractable as horses - To tame them
 to

At that point, Fear and Evacuations must be previously employed - It is easy to see that the restitution of the proper Tenor of the mind may have the great best effects -

Another distinction to be made in Mania arises from that between the Sanguine and Melancholic Temperaments, Constitutions which are very different - This last requiring perhaps a particular management - But in this I have little Experience -

Bloodletting is by no means so proper in the Melancholic Temperament, but in the Sanguine, where we know how frequently this disease is combined with Epilepsy and Hysteria, Bloodletting is the most efficacious remedy; only the Evacuation must vary according to Circumstances - a general Evacuation, and as a means of revulsion, Purgings may be useful in the Sanguine Temperament - These Circumstances do not take place in the Melancholic, but Purgings is necessary there; for the Abdominal Congestions - Therefore Purgings is universally proper - I forgot to tell you that the Swiss Physicians of Wepper, who cured a Patient by Opium, employed also Purgatives, viz. every day eight drops of Gallap and Camomyl, besides several Vomits - Purgings in Mania is the best remedy, and

of the paper cover of the volume may have the great
value of the original manuscript - It is one of the earliest
of that period, and contains the first printed edition of the

Another distinction to be made in America
arises from the relation the Government and the
State Government, and the State and the
Federal Government. This last requires perhaps a particular
management. But in this I have little to say.

[The page contains faint, illegible handwriting, likely bleed-through from the reverse side.]

and most proper to be combined with Opium - Cold
is also useful, but it may do hurt, by increasing the
rigidity and Plethora -
Vultu con reflectione -

After having given you the Theory of Mania in
general, observing only the differences that must arise
from difference in degree, I was going to observe those aris-
ing from difference of Temperament - Mania occurs chief-
ly in two kinds of people, the Sanguine and Melancho-
lic - But oftener in the pure melancholic than the pure
sanguine - I have already told you how this distinction will
affect the use of Bloodletting and Purgings - I was enquiring
into the differences it induces in the use of cold - Cold seems
universally useful in Plethoric Cases of Turbidity of the
Blood - Even in the Melancholic Temperament it also seems
useful; but taking the thing farther, it increases the dryness
and Rigidity of People of this Temperament, and thus
may be hurtful to them. We have a proof of this in the
contrary remedies that have been employed - In mania
of a Sanguine and Plethoric Constitution, I should think
the warm bath or external heat improper, but very useful
in Melancholic Temperaments - Celsus does not mention
it, but Aretaeus, Galienus Aurelianus, &c. among the antients,
and Hoffman among the Moderns, recommend it - Modern
Writers never say how it operates, but they recommend it in
gene

general for Melancholia and Mania - I should think it better suited to the calm states of the disease, than a higher fit - as for Androgynes, from what we have said, it will appear that Opium is dangerous in plethoric habits - Less caution is necessary for the Melancholic Temperament in this respect; but how far it may be useful there I cannot say. I go on to our next genus of Vesania.

Gen. LXI. Melancholia.

Char. "Insania partialis."

This is but a part of Mania, and at bottom is to be considered as the same disease, only in a more partial degree. However, as it is useful and necessary to seek for Circumstances of distinction in the history of diseases, observe that every partial Insania may and frequently does become universal; but many universal Insanias have not appeared. Partial - full Manias arising suddenly are such as occur in Sanguine Temperaments - In Melancholic Temperaments they are preceded commonly by a partial Insania - In confirmation of this, Boerhaave, who considered the Melancholia as depending on atra Bilis, or the Melancholic Temperament, treats of Mania as a Melancholia becoming ~~some~~ universal by Insania; but thus he missed many states of Mania - There is a state of Dejection occurring in

general for the purpose of
 a better understanding of the
 higher part of the subject
 and the general principles
 of the subject. The subject
 is divided into two parts
 the first part is the
 general principles of the
 subject and the second
 part is the application of
 these principles to the
 various branches of the
 subject. The first part is
 the most important and
 the second part is the
 most practical. The first
 part is the foundation of
 the subject and the second
 part is the application of
 these principles to the
 various branches of the
 subject. The first part is
 the most important and
 the second part is the
 most practical. The first
 part is the foundation of
 the subject and the second
 part is the application of
 these principles to the
 various branches of the
 subject.

IX. *Monochloa*.

in the Melancholic Temperament, connected with Dyspepsia, which though it may be called *Insania Partialis*, is to be referred to Dyspepsia or rather Hypochondriasis - In such cases the insanity may be partial or universal, but it is to be considered as symptomatic of the disease that produces the dyspepsia - therefore I don't mean to comprehend this in Melancholia, which I confine to the Melancholic Temperament, as it has always been understood by all Physicians - Now, with these distinctions, our Plan is,

1. To enquire into the general Causes.

2. Whether the chief affection be in the blood and fluids, or in the Nervous System?

After the consideration of Symptoms, nothing less than the authority of Boerhaave could start this question - But it will be sufficient to discuss one article only of his Theory upon this subject - See the Aph. 1094. There, after giving some Idea of what he calls *Atrabilis*, he says, in speaking of its effects, "*Color externus, internusque primo pallideor, flavior, magis fuscus, livescens, niger, cum maculis similibus pulvis lentior, frigus magis, respiratio lenta, circulatio per sanguinea vasa bona per lateralia parior, minus bona, hinc humorum secretoriorum & excretorio - rum omnium minor, tardior, crassior, excitus; minor Consumptio; parior appetitus; Macies, Mestitia, solitudo*"

"solitudinis amor, affectus animi quicunque, pertinacis magnus
 "in reliquis ad sapientiam totum ad motum; summa tamen simul
 "studii cuiusque et laborum constantia" Observe that Boerhaave
 marks all these as effects of a trahilis prevailing in the blood;
 yet all this is nothing more than the description of a parti-
 -cular Temperament, very universally hereditary, congenial,
 and discovering itself early in Life, by crisp, curled, black
 hair, pale and sallow complexion, lean habit, large veins,
 strong, vigorous, dry, and robust fibre, small arteries, and we
 -ry proof of a venous balance - As for the Mind, slow to
 passions and emotions, but when excited pertinacious et magni
 affectus; particular steady application to one subject. Hence
 it has always produced excellent Mechanics and Learned Men -
 This Temperament subsists independant of external causes,
 and is one of the most steady temperaments among men -
 There is indeed some degree of Fear, dejection, &c. produced
 by the causes mentioned by Boerhaave; but these causes
 do not induce the Melancholic Temperament. They do not
 bring on the steady application, the black hair and Eyes, &c.
 Whether Temperaments do depend on the state of the blood,
 or on the state of the moving powers, is therefore the ques-
 -tion? Whether this is to be referred to the original Stam-
 -ina, and what these are, I judge yourselves - Boerhaave,
 as being Melancholic himself, has carried this favourite
 Hypothesis to a great excess - There is indeed a particular
 state of the blood in Melancholic persons, but it is not the
 cause,

Cause, it is the effect of the Temperament; and this is the Cause of the disease just now under our Eye - Consider that its Causes are effectual, only when acting on the general Predisposition, arising from that Temperament - When we are come so far, we may dispense with the Theory which might come here, as admitting of no application - Melancholia is often combined with Hypochondriasis; but I have spoken of this, and am to confine myself to Melancholic affections of the Mind alone -

The Method of Cure turns

1. On avoiding Occasional Causes, and especially the confinement to a particular Train of Ideas - But there is a nicety particularly necessary here; for Melancholic people, when taken too suddenly to a more varied scene, are liable to become Maniac - Thus Van Swieten relates that a Carpenter, who was very wise in his Shop, was very foolish and entirely Maniac when taken out of it - I have often found the same; and it is more safe in such cases to let the Patient continue in their usual Train - But it is an exception only to a general Rule.
2. Obviating the effects of the Melancholic Temperament, particularly torpid Perspiration; which is to be done chiefly by warm bathing - From the Testimony of the Antients and of Hoffman, I am sure that in the Melancholic

Tem

Temperament this is particularly useful - The Tone of the mind depends much on the Tenor of the system, and on the state of the Perspiration - Hence travelling (injoining A this the first Indication) is the chief Remedy.

Another Observation is, that Costiveness occurs much in the Melancholic Temperament, and all examples of prodigious Costiveness have occurred in that - Hence Purg-ing is necessary - I have said that in the Mania Sanguinea, and Purgatives were perhaps preferable; but in the Mania Melancholia I think, with M^r Muzze, that the use of Eremor Tartari is very proper - In Melancholia the system of the Vena Portarum is particularly slow; and therefore Purgings is very necessary to keep the body open.

Gen. LXIII. SOMNIUM.

Char. "In somno imaginatio vehementior vel molestior!"

I believe my wife would think I was dreaming, if she knew that I was Lecturing on this as a disease; for she has dreamed every night for forty years, and no bad consequence followed it - Philosophers themselves think dreaming is a wandering of the soul, about fancies, sometimes very ridiculous - Others think it is a conversation with other Spirits - These opinions are themselves diseases, which we need not take notice of - I am persuaded that the mind and the body, though distinct substances, are very much connected; and

and that dreaming can arise only in consequence of an Irregularity in our System - I may refer you to Haller's opinion on this subject, and I might strictly consider it as a disease, at least every Systematic has taken it as such in its highest degree of Somnambulism &c. Yet at the same time I find no limit between the Somnambulism and the slightest dream - yet the Character will better apply to Synonyms - If I had come sooner to this part of the Course, I would have given you some Metaphysical Observations and considerations of Facts very curious on this subject; but as I have hitherto kept free from abstract Ideas, my theory about Dreams is not necessary here - Dreaming is not an object of Practice, and is never well cured, unless it be symptomatic, which directs us to attend to the primary disease, Plethora, or topical irritating affections, or other circumstances of the Constitution - This ends the Neuroses.

Cl. III. Cachexia.

Char. "Totius vel magnae partis corporis habitus depravatus,
"sine pyrexia primaria vel neurosi."

The meaning as expressed, is sufficiently obvious - This, as a Class, is far from being correct - I could neither avoid it, nor make it to my mind - The three heads of human Economy are in Physiology, the Vital, the Animal, and the Natural Functions - The first Class, Pyrexia, comprehends chiefly the Vital affections; the Nervous, those of the Animal;
and

III. 1000

and the other Class, viz, the Cachexis, should comprehend the affections of the Natural Functions; but as a class it does not comprehend them all, since many are among the Neuroses. I thought also that the division of our system into Hydraulic, Nervous, and Chemical, could influence our Classification; and in some measure it has - But in none of these respects can we make our distribution exactly correspond to the Physiological distinction. Pyrexia and Neuroses are natural Classes - Cachexis are much more artificial; and this also extends in some measure to the Genera: - but it is impossible to avoid this - I hope I have done better than other Systematists; but I leave you to compare -

Cachexis may in general be considered as affections of the external habit. These must consist either in the different size, or different condition of the surface. It is true that change of figure, or the Deformitates of Vogel, should be comprehended here; but they are scarce diseases at all, or they are local diseases - Sauvages has made five Orders of them; but the Intumescens and Tubera, Impetigines and Discolores, may easily be united, as we have done, with Linnaeus - The term of Discolores or Impetigines was arbitrary - We have a great difficulty to distinguish Idiopathic from Symptomatic diseases; and we have perhaps introduced Symptomatic genera; but it was unavoidable - Another difficulty was to distinguish Local from general diseases - But to go on.

Ord.

Ord. 1. Marcores.

Char. "Corporis totius Macies."

The general Theory here is obvious, that all emaciations must be referred, either

1. To loss of fluids. or
2. To the loss of Solids.

The first gives us the following subdivision.

- A. Deficiency of the Circulatory fluids.
- B. Deficiency of the stagnant fluids in the cellular substance.

I am uncertain how much the Loss of Solids takes place. The existence of Atthritis, as a cause of Macies, is doubtful; because our solids have so much fluid covering their surface, that the application of solid parts against each other, is rendered impossible by that exudation; and the facts adduced are by no means satisfactory.

There is a curious case of loss of solid substance & the taken notice of, viz. Solution and washing out the matter of the Bones, which happened to a French Woman called Mad.

Suppiault, described by Morgagni; and you will find many other such instances in Dr Ludwig of Leipzig, in Haller's collection - These cases are difficultly understood. We can suppose in general an acid matter, but how is it formed? Whence does it come? How is it applied to the Bones only? - These are unknown, and therefore we know nothing either of the Cause or Cure of this disease - and

Part. 1. - Introduction.

Chapter - "The History of the Discovery of the New World."

The general history of the world is a subject of great interest and importance. It is a subject which has attracted the attention of all ages and all nations. The history of the world is a subject which has attracted the attention of all ages and all nations.

1. The history of the world is a subject of great interest and importance.

2. The history of the world is a subject which has attracted the attention of all ages and all nations.

The history of the world is a subject which has attracted the attention of all ages and all nations. It is a subject which has attracted the attention of all ages and all nations.

3. The history of the world is a subject which has attracted the attention of all ages and all nations.

4. The history of the world is a subject which has attracted the attention of all ages and all nations.

5. The history of the world is a subject which has attracted the attention of all ages and all nations.

The history of the world is a subject which has attracted the attention of all ages and all nations. It is a subject which has attracted the attention of all ages and all nations.

6. The history of the world is a subject which has attracted the attention of all ages and all nations.

7. The history of the world is a subject which has attracted the attention of all ages and all nations.

8. The history of the world is a subject which has attracted the attention of all ages and all nations.

9. The history of the world is a subject which has attracted the attention of all ages and all nations.

10. The history of the world is a subject which has attracted the attention of all ages and all nations.

11. The history of the world is a subject which has attracted the attention of all ages and all nations.

12. The history of the world is a subject which has attracted the attention of all ages and all nations.

13. The history of the world is a subject which has attracted the attention of all ages and all nations.

14. The history of the world is a subject which has attracted the attention of all ages and all nations.

15. The history of the world is a subject which has attracted the attention of all ages and all nations.

16. The history of the world is a subject which has attracted the attention of all ages and all nations.

17. The history of the world is a subject which has attracted the attention of all ages and all nations.

18. The history of the world is a subject which has attracted the attention of all ages and all nations.

19. The history of the world is a subject which has attracted the attention of all ages and all nations.

20. The history of the world is a subject which has attracted the attention of all ages and all nations.

And as the Facts which establish it are so few, I have omitted it.

A Loss of fluids depends on a deficiency of Circulatory fluids, and deficiency of Stagnant fluids in the Cellular substance; which are very much connected with each other. With regard to them both, they are Symptoms of other affections; and therefore Marcor in general should not enter into our System; but this would have been too strong a contradiction to other Systems, and therefore we have admitted the two genera that have the greatest pretensions to Idiopathism. As to Phthisis, the Tabes is Symptomatic.

Gen. LXIV. Tabes.

Char. Marcor; asthenia; pyrexia hectic.

I have taken the most common acceptation of the Term, viz. *Maries cum pyrexia Hectica*; but this was not enough - and to distinguish it from Phthisis, I should have added, with other Systematic "une expectoration." I do not think it necessary to add as, *Linneus* does "Absque expectoratione." It is still a question among Physicians, whether there be any such thing as an Idiopathic Hectic - I was before at some pains to shew, that out of 20 Species of Hectic of Sauvages, 19 at least were evidently Symptomatic - The same will also appear in the usual Species of Tabes as given by Sauvages. *Tabes dorsalis* we pass by - *Tabes Renalis*, *Tabes apertomatodes*, *Tabes a pericardio*, *Tabes hepatica*, *Muntonica*, &c.

[Faint, illegible handwriting, likely bleed-through from the reverse side of the page.]

[Faint handwriting visible on the edge of the adjacent page.]

Es, a Vomica, are very plainly cases of internal Exulcerations - With regard to the remaining Species, I would not be rigorous in setting them, nor positive in their Conclusion, that Probably all Tabes are symptomatic. We may suppose that in consequence of Causes of debility, and consequently of Imaciation, the natural Exacerbations of our Pulse may take the form of an hectic - I have been puzzled with cases which seemed due of that kind, but in 19. of 20. there proved at last to have been from the beginning some internal Congestion - Tabes Nutricum is a good symptom of health in the Nurse, and is attended with a degree of hectic - Dr Morton, who had studied this Genus very well, alleges that the Tabes Nutricum is liable to change into Phthisis - Tabes Dorsalis. The debilitating effects of Venery, when excessive, are known, and are greater, perhaps, than those of any other Evacuation, owing, as I imagine, not to the quality of the fluids evacuated, but to the connection of the genitals with the rest of the System - Whence I am persuaded the Tabes Dorsalis comes from Congestion of the Lungs, in consequence of previous debility - This leads to the Practice.

1. To avoid occasional Causes, viz, Venery, and, what is perhaps more pernicious, Lasciviousness.
2. To restore the System by Exercise, free air, Cold Bathing, a nourishing and gelatinous diet, but used with moderation and discretion - This will apply to the Tabes Nutricum.

Shew

I have
 been
 with a
 set of
 to app
 over
 the an
 her ap
 in the
 one co
 do. In
 it is a
 when
 now -
 Graph
 in no
 Hanes
 raves
 of the
 inches
 in your
 hand,
 was a
 the

There is a Case of *Tuberc Menterica*, which deserves attention - The only and tolerable account I can find of it, is due met with in *Punkert* L. 2. *Tab. De atrophia* - He observes that the disease begins by Torpor, Languor, indolence, negligence of ordinary Pursuits, attended with quick emaciation, before it has proceeded to give other external Symptoms - There are Cases of this kind in which the appearances of Scrophula and the Tumid Abdomen discover easily the disease; but there are other Cases where there are no other marks of it, but Mauis and an irregular appetite approaching to Pica - It proceeds to flushings in the night, warmth in the Palms of the hands, sometimes some coldness is felt, but no thirst, no fever, no anxiety, &c. - In most cases of *Tuberc* without frequency of Pulse, this is chiefly to be suspected - What may be the Cause of it when the Scrophulous habit does not appear, I do not know - For though the most common Cases of it are Scrophulous, yet there are certain Cases in which there are no suspicions of Scrophula - The most remarkable instance I have met with, was a Case where the remote Causes were considered due an unusual quick growth of the body - The young man at the age of 14 was 5 feet 6 inches - He grew perhaps a foot in a year - Quick growth in young people induces generally a swelling in the Inguinal Glands, called in French the *Croissant* - This may perhaps give a Symptom of the *Tuberc Menterica*.

Cure. When the disease arises from Scrophula,
 R

In Scrophula the cure must be directed - When from quick growth, or something else unknown, we can do nothing, as it is impossible to prevent our growth much, or add a single unit to our stature by our solitudes - Putting them in spirit of Wine, as is done with young puppies, would be dangerous - Abstract of Alum will not do - If the disease could be foreseen, much exercise and bodily labor would do very well; but in an advanced stage, the debility is so great as not to admit of this.

Gen. LXV. Atrophica.

Char. "Marcor et asthenia sine pyrexia hectica!"

A Genus as symptomatic as that of Tabes. For the proof of this I appeal to the Species of Sauvages. There is no distinct limit between this and Tabes, well, as in Tabes Mesenterica, Atrophica begins the disease. From the Species of Sauvages, there is nothing more evident than that most of them are from too great evacuations. (This begins the disease, and changes into Tabes). But there is a condition of our system disposing men to be fat or lean, and it is often impossible to say why, under similar management, one is lean and another fat. It is not possible that the condition, by disposing to excess of lean flesh, should give the Idiopathic Atrophica. But it is difficult to distinguish it from topical affections, and therefore I cannot venture to prescribe concerning the cure, except (when it depends on the Cause which gives the Idiopathic disease) Exercise, fresh air, &c, by attending to the effects.

Orcl.

Ord. II. *Intumescentia.*

Char. "Totum vel magna corporis pars extensum tumens."

The Theory must here be the reverse of the former.

1. The increase of solid parts gives us our 4th Section *Intumescens Solida.*
2. The increase of fluids gives three sections, according to the fluids increased.

You may perceive that Plethora may often depend on an accumulation of the Blood, independent of any other; but whether this be a disease, or a Predisposition, is uncertain: and as for the Cure, I have spoke of it.

Our Section of *Adiposo* has but one Genus.

Gen. LXVII. *Polysarcia.*

Char. "Corporis pinguedinosa intumescentia molesta."

Perhaps a particular Plethora - But I imagine this Cause will scarcely produce a disease, unless the stagnating fluids are also much increased - Whether this be a disease or a simple predisposition, is also difficult to say - In Spain the degree of it sufficient to call it a disease, would much vary from what it should be in England - I have added *Molesta*, to determine something, but this will be difficult to distinguish, and a predisposition will scarce ever be the object of our Practice, because nobody is exempt from some Predisposition, and few choose to take measures against it - Yet as the *Polysarcia* is very Molesta, and as nobody is so much without a disease as very fat people, I imagine a cure is to be attempted - To this View, some means have been
pro

proper
 & when
 & inter-
 sen a.
 ing a
 opera
 certain

that
 that
 is in
 the be-
 rated
 system
 -min

-that is
 one of
 here
 the be-
 made
 would
 them
 & in a
 -less

by a
 not a
 may
 But

proposed in England - The most effectual of which seem to change the state of the Blood to a saline state, and thus to interrupt its nutritive quality - Alkalies and Acids have been employed - I have known persons who have taken much Vinegar with success, to prevent Corpulency; but whether this operates by vitriating the fluids, or the assimilatory Organs, is uncertain -

The use of Alkalies is more clear - Dr Huxham remarks that they induce a scorbutic diathesis, and I have known them to induce emaciation - In short, to increase the saline state of the blood answers the same purpose, either to cover the acid generated in the stomach with alkalies or absorbents, or to fill the system with acids - Soap acts as an absorbent, and as Dr Fleming has recommended it, I believe it may cure Polyseria -

In treating of Polyseria, I said it was uncertain whether it was a disease - But if it be only a predisposition, it is one of the most frequent causes of a disease - The causes I have omitted, because they are not morbid, but founded on the best state of health, and because it will be difficult to persuade people that Ease and good living are mischiefs to be avoided - However it may amount to a disease - As for the Remedies I have spoken of, those that answer the Indication to induce a saline state of the blood, as alkalies and absorbents will doubtless have the same effect -

As for Acids, I believe they often act principally by destroying the assimilatory powers - But if they are not employed to such a degree as to have that effect, they may properly be indulged, as for example, a Vegetable Diet. But both these remedies are absolutely superfluous, and
worse

[Faint, mirrored handwriting, likely bleed-through from the reverse side of the page. The text is illegible due to fading and orientation.]

[Faint handwriting visible on the right edge of the page, possibly from an adjacent page or a marginal note.]

worse that the disease itself - Spare diet and much bodily exercise will evidently be effectual; and if a man neglects them when at hand, he deserves to smother in his own grease.

But frequently Polysarcia goes so far as to render bodily exercise very difficult; yet it is scarce impossible, if the Patient will gradually increase his efforts every day, by which he will become nimble and agile, and bear as much as he chooses. I knew a man who could not walk ten yards at first, but at length was able to walk thirty miles in a day - Walking Webb in England, who well understood this, is well known.

II. Flatulosa, Intumescencia -

That there is a quantity of fixed air in every part of the body is well known - It may readily be rendered Elastic, and may be extricated sometimes by the Pneumatic Pump, or other such means, chiefly fermentation - When the air is extricated all along the cellular texture of the skin, it gives

Gen. LXVII. Pneumatoxis.

Char. "Corporis intumescencia tensa, elastica, sub manu crepitans."

This is not frequent from external causes, yet I have sometimes seen it; but as I could not know its cause, I could not proceed to a cure: and it went off as it had come, without my perceiving why, or how - Swellings have been

[Faint, illegible handwriting in a cursive script, likely a historical document or letter.]

[Faint, illegible handwriting, possibly a signature or a section header.]

[Faint, illegible handwriting at the bottom of the page, possibly a postscript or a list.]

[Faint, illegible handwriting visible on the right edge of the page, possibly from the adjacent page.]

been tried, but they could not touch the air - Punctures have been proposed, to establish a Communication; but they have not been tried - In the investigation of the Cause of this disease, it is probable that it may arise from some communication of the Cellular texture with the Lungs - The most noted Case of Emphysema, is when the air is actually blown into the Cellular texture, as in Thoracic wounds - But it may be more probably owing to internal Causes of fermentation. I suspect there is also a certain portion of air in every part of the Cellular texture, contained between its different Layers; for which I refer you to Mr Astruc, the most accurate Writer on this subject - This proves that there is a secretion of air, which may be applied to many important and curious Phenomena - There is sometimes an exudation of an halitus under an elastic state, which may be confounded with Emphysema, but is much more transitory -

We have in this section the

Gen. LXIX. *Physometra*.

Char. " Tumor flvus, elasticus, in hypogastrio figuram et sedem
" Uteri referens!"

On this I have nothing particular to say, as I don't understand it.

Gen. LXVIII. *Tympanites*.

Char. " Abdominis intumescens tensa, elastica, sonora; alvus adstricta;
" cœt.

"ceterarum partium macies; rejectio sursum vel deorsum aëre
 "livamen."

This, in many respects, is better understood - We know that in the Intestines there is always some air inviscated, which, by Stagnation, will gather, and gain strength by its Elasticity - This, in Robust people, may arise from fermenting Aliments, such as new Wine or Beer; but excepting a few Cases, the quality of the contents being given, the quantity of extricated air is in Ratio of the Solubility of the fibres of the stomach - Air is included either in the cavity of the alimentary canal, or in the Cavity of the Abdomen - This last is, from Dissection, known to be the most uncommon case, though formerly the contrary was believed - Tympanites Abdominalis is of two kinds.

1. As accompanying the state of Ascites.
2. As arising from air escaped from the Intestines into the Abdomen, as in the Reduprophia of Savages, an escape of air from the Rectum into the Cavity of the Abdomen and Genitals.

There are many Instances of Erosion of the Intestines, so small as to admit air only, and transmitting it in pretty great quantity into the Abdomen - But this is unfrequent and incurable - The most common case of Tympanites is, when it is combined with Ascites, arising from a state of Atonia in the alimentary Canal - When cured, it is by Tonics and Purgatives.

Tonics

the same manner as the other two, and the same

the same manner as the other two, and the same

the same manner as the other two, and the same

the same manner as the other two, and the same

the same manner as the other two, and the same

the same manner as the other two, and the same

the same manner as the other two, and the same

the same manner as the other two, and the same

the same manner as the other two, and the same

the same manner as the other two, and the same

the same manner as the other two, and the same

the same manner as the other two, and the same

the same manner as the other two, and the same

the same manner as the other two, and the same

the same manner as the other two, and the same

the same manner as the other two, and the same

the same manner as the other two, and the same

the same manner as the other two, and the same

the same manner as the other two, and the same

the same manner as the other two, and the same

Tonics are particularly proper for Children, and I have found chiefly the Salt of Steel, in pretty great quantity, often useful.

Intumescentia Aquosa constitute our several Dropsies, being a generic Term. It may be expected that I should consider their differences according to the different parts affected; but it is more proper to consider the Causes of Dropsy in general - They are very numerous, and require some Arrangement, which I have attempted to do in the Table here subjoined - Dropsy is a preternatural Collection of watery fluid in some Cavity of the Body, that is to say, in considering also as such the cellular Texture, which likewise admits of such a Collection - The matter collected is, I say, in general of a watery kind - We know that there is a watery vapour exhaled, and readily reabsorbed, in every cavity of the body - We find no other source of watery Collections, but those vessels which carry it naturally; and therefore I suppose that dropical collections are of that Serum which is exhaled and reabsorbed - To imagine other Cause, we know that Urine when kept too long in the bladder after its secretion, may be reabsorbed, and poured by different sources into different parts of the body - But still that Effusion is performed by the Exhalents, which pour out that Serum - The various appearances of this Serum may give some differences; but though

1. Little
 2. offered
 3. nation
 4. our
 5. 1. Mr.
 6. 2. Dr.
 7.
 8. 1. Bre
 9. ent
 10. 2. Mus
 11. fure
 12. aco
 13. 1. The
 14. Xipe
 15. but
 16. Drop
 17. -ent
 18. days
 19.
 20. fine
 21.
 22. 1. My
 23. Every
 24. an ex

a little may perhaps here depend on the quality, yet these differences are always chiefly the consequence of stagnation - Therefore the means of such collections are our only relief, and may be referred to two heads.

1. Effusion.

2. Diminished Absorption, with natural Exhalation.

The Effusion may arise from three sources.

a. Increased ordinary Exhalation, the most frequent and common Cause.

b. Rupture of Lymphatics; as they return the absorbed fluid, if they are broke in some cavity, it will be a constant source of accumulation.

c. The Exhalation may be confined to a small sac or Vesicle, not deserving to be called a hydropic Tumor; but if broke it may readily form a considerable Dropsy - These sacs increase very gradually, but if broken they return to their former size in a very few days.

The increased Exhalation may be referred to five Heads.

a. Resistance to the return of Venous blood to the heart. Every branch of Arteries terminating in a Vein, has an exhalent branch, at least very generally. Formerly the

the
 in the
 tion;
 may be
 from
 tion
 this
 2. Key
 men
 3. In
 King,
 4. He
 5. When
 tion
 quant
 7. He
 from
 8. Phy
 Greg
 alus
 9. Ph
 10. Ph
 neg
 freq
 of the
 11. Ph

the system of absorption was such that there was no difficulty in this case, because it was then a case of diminished absorption; but now, since we know the Lymphatics are absorbents, we may suppose that the resistance of the entrance of the blood, from the arteries into the Veins, will increase the determination to the Exhalent Branches; and thus we must refer this case to increased Exhalation.

- B. Resistance in the Excretories, which must increase the determination to both Exhalents and Veins.
- V. Increased Impetus of the Arteries, which, if too great for the Veins, must increase the Exhalation.
- D. Relaxation of the Exhalents, from different Causes.
- E. When all the Vessels are in their natural state, but the portion of watery fluid is increased, which allows a greater quantity of them to escape by the Exhalents.
- I. Resistance to the return of Venous blood to the heart, arises from different Causes, chiefly
 - a. Obstructions of the Lungs, than which nothing is a more frequent Cause of Dropsy - Dyspnoea, when Chronic, always terminates so.
 - B. Obstructions of the Heart, as from Stiff Valves, and Obstructions at the Orifice of the Vena Cava.
 - V. Obstructions of the Liver and Spleen - As much blood passes through these Viscera, this is one of the most frequent Causes of increased Exhalation in the cavity of the Abdomen.
 - d. The Posture of the body; for as the Gravity of the fluid

this of
 night,
 hours
 Venice
 al re
 r was
 that
 stone
 on the
 from
 by the
 of the
 would
 . But
 there
 Epile,
 Co.
 From
 have
 2. 4. 6.
 our
 and
 -ging
 My
 of the

fluid opposes to its ascent. Hence in weak Systems though right posture readily induces Edematous swellings; and this should be attended to.

ε. Venous Plethora from Obstructions to natural or habitual bloody evacuations, such as the Menes or Hemorrhoids; or even to serous evacuations - But I am not satisfied whether Dropsy in these Cases does not arise rather from atonia, induced by these Obstructions. I have had occasion to observe that there is a Dyspepsia Cachectica, from loss of tone, in which the Exhalation is increased by the relaxation of the exhalent Vessels.

γ. Obstructed Veins; But these are attended with more particular effects; thus

α. Polypus, if in the Sinus of the Brain, often produces those effusions of Serum which occasion Apoplexy, Epilepsy, and other diseases.

β. Compression, which is of three kinds

1. From Tumour formed in the Coat of Veins, which I have observed to produce the Angina aquosa.

2. From particular Tumors external to the Veins in various parts - Accordingly Obstructions of the Liver and Spleen have often that effect. You may distinguish many kinds of them, as Scirrhus, Melan - Pregnancy is another such Cause, from the bulk of the Uterus, compressing the lower Veins of the Ab.

[Faint, illegible handwriting, likely bleed-through from the reverse side of the page.]

Water
but
fluids
as one
-helen
Prop
but
water
that
the

first
to
Wit
doubt
in a
Ther
1. 8p
2. 12p

Abdomen.

3. Any Collection of fluids in the Abdominal Cavity produces Edematous swellings in the lower Extremities, as from Ascites.

The second Cause of increased Exhalation, is Resistance in the Excretories.

If there be any suppression of Perspiration, or other Watery Evacuations, this may be determined to internal parts; but then it is due referred to increased proportion watery fluids - But here I mean such resistance in the Excretories as increases the determination to the corresponding Exhalant branches, as happens sometimes from obstructed Perspiration, or from cold drink; in which Cases the effect is too sudden to be imputed to increased proportion of watery fluids, but arises from increased Impetus in the Exhalant branches, in consequence of resistance in the Excretories.

I need say nothing in recommendation of our present investigation of Dropsy - But the enumeration of its Causes is so irregular and arbitrary in different Writers, that it will give you much uncertainty and doubt - Till you can arrange the Causes of every disease in a Table, you cannot make any progress in Pathology. Those of Dropsy we have referred to two heads.

1. Effusion.

2. Diminished Absorption.

Effusion

The first of these is the fact that the
the first of these is the fact that the

The second of these is the fact that the
the second of these is the fact that the

The third of these is the fact that the
the third of these is the fact that the

The fourth of these is the fact that the
the fourth of these is the fact that the

The fifth of these is the fact that the
the fifth of these is the fact that the

The sixth of these is the fact that the
the sixth of these is the fact that the

The seventh of these is the fact that the
the seventh of these is the fact that the

The eighth of these is the fact that the
the eighth of these is the fact that the

The ninth of these is the fact that the
the ninth of these is the fact that the

The tenth of these is the fact that the
the tenth of these is the fact that the

The eleventh of these is the fact that the
the eleventh of these is the fact that the

From
From
one a
From
times
In a
on the
all her
we it
hence
them
to ab
two a
lying
tion
gre
3. Fro
happ
ratio
it.

Effusion comprehends

1. Increased exhalation.
2. Rupture of Lymphatics.
3. Rupture of Hydropical sacs.

Increased exhalation arises

1. From resistance to the return of Venous blood to the heart
2. From resistance to the excretions; which operates in the same manner.
3. From increased Impetus in the Arteries. There are two instances of this

a. In consequence of external Violence. Contusions operate on the Vessels so as to produce Ruptures and effusions of all kinds - These effusions, Ecchymoses, or Sugillations, are soon reabsorbed, not by the Extremities of the absorbents confined to some particular fluids, but by the Extremities of the broken Vessels, and particularly of the absorbents themselves, if broken; and accordingly there are many instances of such contusions and Strains laying the foundation of Anasarca, by urging the motion of the blood in the extreme Vessels to such a degree as to force the exhalents.

B. From internal violence, such as inflammation; but this happens seldom, because the effused fluids tend to suppuration, or to be reabsorbed - yet there are some instances of it. Dr Stork mentions watery tumors of serous fluid, in

[Faint, illegible handwriting, likely bleed-through from the reverse side of the page.]

[Faint handwriting visible on the right edge of the page, possibly from the adjacent page.]

in consequence of Rheumatism. In the disease we call Gangrene, there are Tumors on the Tendons, which, from Ellers Experiments and others, have been found to contain a gelatinous and serous fluid -

Those formed in consequence of Strains are only thus explained. In abdominal and Thoracic Inflammations, there is always some effusion found on dissection, which would have ended in Ascites or Hydro-thorax. And there are many Instances of Inflammation treated by large bleedings, which by thinning the blood disposes still more to dropsy. A Lady who had a Rheumatism treated by large bleedings, died with all the symptoms of Hydro-thorax -

Nothing is more common than Dropsies in consequence of Intermittent Fevers; yet I am persuaded that all these Cases do not belong to this head, but to the next: therefore

4. Relaxation of the Exhalents. I was doubtful whether there was not here, as in Cases of Diabetes, room for Mechanic distention, and consequently proper relaxation. Probably there may be such Cases, but upon further Consideration I find they belong to the last head of encreased Impetus. Palsy is very frequently accompanied with dropsy; which we explain by the Palsy of the Exhalents; and therefore we imagine that this may take place also when the Muscles are not affected - Chlorosis ends readily in Ascites or Anasarca; and as there is no doubt of atony in that disease, we do not doubt that the Dropsy depends there much on the Relaxation

[Faint, illegible handwriting, likely bleed-through from the reverse side of the page.]

[Faint handwriting visible on the right edge of the page, possibly from an adjacent page.]

Relaxation of the Exhalents; though the want of red blood may also have a share - Other Causes of Cachexia, which we before said is to be considered as a beginning Anasarca, are certainly often Cases of this kind, in consequence of Relaxation of the Exhalents.

5. Increased proportion of the watery or more fluid parts of the blood; which may arise from three Causes.

A. From the quantity of water taken into the body - There are many instances of Dropsy arising from hence - How readily such a quantity of water may run through the Exhalents, we learn from an Experiment of Dr Hales - He opened the Jugular Vein of a Dog, from which he suffered the blood to run; and in the other end of the vein he poured water, with sufficient force, through a Tube: And in the space of half an hour a watery fluid exuded from the whole surface of the skin.

B. By the grosser parts of the blood being drawn off, as in Hemorrhages and artificial Evacuations - In what manner I have had occasion to explain - If we consider the human body as a set of Vessels of different sizes, we understand how these Vessels confine the Red Globules and the coagulable Lymph - But the greater part of our fluids is not so gross, and there is no explaining the Confinement of the Serum, but by supposing it entangled in the Red globules and Coagulable Lymph; the abstraction of which will al-

- low



allow it to run off. In hemorrhages the red globules, and perhaps still more the Coagulable Lymph, are drawn off in greater proportion. But the Coagulable Lymph may be evacuated alone by Ulcers, Diarrhoea, Dysenteria, Diabetes, and scrous evacuations, induce also dropsy in the same way, by dilating the Excretories so much as to give way to the Coagulable Lymph also; but perhaps more by the relaxation of the Exhalents which they produce, as we said above.

I. In consequence of Obstructed Evacuations. Whatever quantity of fluid is taken in, the whole is changed in 24 hours. If these evacuations are prevented, the watery fluids will remain in the blood; but if this lasts too long, they will run off thro' the Exhalents, and produce Dropsy: And I think it is clear that these are the most frequent Causes of Dropsy, though former Physicians thought more of diminished Absorption.

Increased Effusion may arise from Rupture of Lymphatics. We know that Lacticals, which are Vessels of the same kind with Lymphatics, are sometimes liable to rupture, which is followed by dropsy. Therefore this may happen also in Lymphatics. Rupture of Dropsical Sacs are sufficiently plain.

II. Diminished Absorption. Though we know that there is always constant exhalation going on in our system, yet in a state of health we find no accumulation of fluids: Therefore there must be a proportioned Reabsorption. But

Causes

Cases of Dropsy in consequence of Diminution of this are unfrequent; and when they take place, it is not suddenly, as the exhalation itself proceeds slowly - therefore whenever dropsy is sudden, it is owing to increased exhalation. There are three heads of diminished Absorption.

1. Venous Obstructions in parts not provided with Lymphatics. No doubt where there are Lymphatics, they are the chief absorbents. But no Lymphatics have been found in the Brain, as you may see in Haller - and as the authors that assert the contrary deserve little credit, we therefore take it for granted, as the absorption there corresponds with the Exhalation. I think it is performed by the Extremities of the Veins - Obstructions of the Veins, therefore, operate here chiefly by diminished absorption: In other parts by increased Exhalation.

2. Obstruction of Lymphatics - These Vessels being the chief absorbents of our system, their Obstruction must have a considerable effect in diminishing the Absorption, chiefly in the Lacteals and Mennstrue glands, from Abscesses, often found on Dissection, but rarely in comparison to the number of Dropsies that occur - Obstructions in these general passages, occasion general Dropsies - Dropsies in particular parts may arise from more partial Obstructions of the Lymphatics; and there are instances of this. If they are not more frequent, it is because of the Anastomoses

Anastomosis of the Lymphatics (a benevolent Contrivance of Nature) which occur in the Venous and Arterial Systems, and which, it is highly probable, occur also in the Lymphatics; as we see there are so few bad effects of Partial Obstructions - yet obstructions of the Inguinal Glands have sometimes, though seldom, induced Edematous swellings of the Lower extremities.

3. Palsy or Atonia of the Absorbents - This has been explained of the Exhalents, and may probably affect the Lymphatics also - This finishes our account of the Causes of Dropsy: I come next to its particular species.

I have spoken of the several Causes of Dropsy - I would recommend you to go to Lincetius Historia Anatomica Medica - You will find there many dissections; and it is your business to arrange them according to the Table I have given. As for the different genera of it, I have but little to say -

Anasarca is more general, and is induced by more general Causes - Other Genera are more Topical, and owing to Topical affections - But topical Causes may give a combination of Anasarca with Topical dropsy, by operating generally - With regard to these several genera, I refer you to Authors. For the Hydrocephalus to Dr Whist - For the Hydrocele to Douglas, Pott, Hunter, &c -

Asister

Ascites has been the subject of much Altercation, and may be divided into Ascites from Simple Effusion in the Abdomen; and Ascites insisted in sacs. With regard to this, we have something to observe - What we call Hydatids are nothing but a Blister full of water, occurring on the surface of many Viscera - From this small beginning it may possibly arise to hydropic Cysts; but this is not probable. There is but one form of Hydatids observed - In dropsical Cysts we find detached Vesicles filled with Lymph, which has been chiefly found in many Eudorapids, and give another Idea of this - A hundred years ago Dr Edward Tyson, observing them in the Gazelle, examined them more nearly, and thought they were animals; which has since been pretty well ascertained by Pallas - The Hydatid is truly the work of that animal, Tania Hydatigena, as it is called by Pallas, or Lymbricus Hydropiscus, which is the name Dr Tyson - Whether it be a Tania or not, does not touch us - Imagine that most part of encysted dropides is the work of that animal.

I come now to the Cure; but before, we must take a view of the different Cases to form a Prognosis, which, I am sorry to say, will in most cases be very bad.

1. Hydrops Hydatidea, or Animata, seems to be mostly incurable; yet there are two or three Cases of Cure by Dr Tyson and others, in the Philosophic Transactions. When we can observe the Dropsy beginning in one particular

particular part of the Abdomen, as in the Ovarium, we conclude it to be of the hydatid kind - In all such Cases I think the only probable remedy is Incision, & evacuate the whole Hydatid Tumor.

2. All dropsies arising from Polypus in the great Vessels, as in the heart, I take to be incurable - Others arising from External Tumors, causes of compression, and several other topical affections of the heart and Lungs, are also considered incurable. Most other more topical affections, such as Scirrhus Liver and Spleen, Scatoma, which produce dropsy by compressing the Cava, are also mostly incurable.
3. Dropsies depending on Rupture of Lymphatics or any kind of Hydatids - When, after increasing to a certain extent, burst all at once into the Abdomen, and thus lay the foundation of an incurable Ascites, because it depends upon topical affections out of our reach.
4. All interruptions to the course of the Lymph in the general Passages, such as tumors in the Mesentery, are also incurable - There are other Causes more ambiguous, such as the Cause of the Relaxation - If the Atony depends on a topical affection out of our reach, and is considerable, it is incurable: But if the Atonia be little and general, it is Curable. Again, such Dropsies as

depend on Debility from Hemorrhages, Fevers, or Intermittents, Diarrhoea, Diabetes, &c. are more ambiguous; and this Prognosis depends on the state of Debility, which may be judged of by the state of the assimilatory powers. If these remain entire the disease may be cured; but when these are destroyed, so as to prevent the renewal of red Blood, it is incurable.

5. Those Dropsies which depend on Suppression of Evacuation, or Obstructions, may be cured as far as their primary Cause. From this view of the different Cases of Dropsy, it appears that the Cure must be directed to the remote Cause, or to the present Symptoms, or rather more generally to restore the Tone of the Exhalents, or to encrease the Absorption.

With regard to this Indication, it is obvious that when the Dropsy arises from Causes of debility, the assimilatory powers remaining entire, there is room to reëstablish the Tone of the Exhalents, by Exercise, Friction, Diet, and some thermal-baths. I have nothing particular to remark here, except that there is another means of augmenting the Tone of the Exhalents and Absorbents, by relieving them from the present collection of water. This is done by direct Evacuations from the part. This has been attempted, in Anasarca, by Blisters and Incision. &c. But all have been opposed by the state of Torpor of the part, which makes it liable to Gangrene, chiefly from Blisters, which I constantly avoid as

as dangerous, and as much less effectual than any other means, as there is no Communication. As for Issues, I have no experience of them; but from those Observations I find in Books, and from Theory, I should think they might be useful. As for Incisions, large wounds are very dangerous, and Punctures are much more preferable. If Issues are applied, it must not be by beginning at the lower part, but higher up, in the Thighs, to relieve the Incumbent weight; which will often be sufficient to allow the lower parts to recover their tone. In Collections of water in Cavities, the Paracentesis has been proposed and often executed.

When the some of the System is still entire, and when no evident incurable Cause appears, it may be safe; but we know now that it is very generally useless, and often dangerous, never to be practiced but with Caution, and with reserve a prognosis that the Patient and his friends may form a Judgement; and upon their Choice it must depend. Yet in Anasarca we should not so much fear Gangrene, which, in a slight degree, I have seen from Blisters, but so as easily to be cured. But even in Cases where the gangrene is much to be feared, it may often be proper to puncture with the hazard of it, as natural bursting is much more liable to gangrene than any other way of direct Evacuation.

After the Evacuation we must prevent the
re

the Commission, and as much as possible to
show, as there is no communication to be
in evidence of this, but from the Commission, I am
glad to hear, I think that the report is correct.
The Commission have made some very valuable
and the report is very valuable. I have not yet
seen it, but I am sure it will be of great
value to the Commission. I am sure it will be
of great value to the Commission. I am sure it
will be of great value to the Commission.

It is the duty of the Commission to
show in evidence the report of the Commission.
but we have seen that it is very valuable
and the report is very valuable. I have not yet
seen it, but I am sure it will be of great
value to the Commission. I am sure it will be
of great value to the Commission. I am sure it
will be of great value to the Commission.

After the Commission has made its
report, it is the duty of the Commission to
show in evidence the report of the Commission.

return of the Effusion; and this must turn on taking off the Determination of the Exhalents by Vomits, Purgatives, Sudorifics, &c.

We were speaking of the Cure of Dropsy, and of the Evacuation of the collected water, which is frequently useful: But it is not one of an hundred Dropsies that is cured merely by this - When Dropsy is cured, it is chiefly when it depends on a general Cause of Debility, Exhalation, and loss of Tone, which is to be restored by Tonics, Remedies, - Exercise, Friction, Diet, &c. There are such Cases as Sydenham has marked, in which Evacuants are very hurtful - But in most cases serious Evacuations are to be expected, by Vomits, Purgatives, Diuretics, Sudorifics, Sialogogues, &c.

Vomits. There are many instances where Dropsies have been cured by spontaneous Vomiting - I knew a Gentleman who laboured under Anasarca and Asites, from which he had three times been relieved by Tapping; some after the last Tapping he was seized with violent Colic, resembling the Pleur, with excessive and long continued Vomiting, by which he discharged a great quantity of fluid, which occasioned a visible Detumescence of the Anasarca of his Legs - You will find many similar instances in the Records of Physic - It is possible there

therefore I evacuate by the Secretories of the Stomach;
 but this will rarely be the Case, - Yet we have reason
 to believe that vomiting strongly favours Absorption,
 in consequence of which the Evacuation is made by
 Urine and stool - On this consideration Dr Sydenham,
 who for the Cure of Dropsy depended mostly on Vomits,
 Prescribed antimonial Wine, which commonly operated
 by exciting a copious evacuation by Urine and stool.
 He observed that near the end of its operations, it acted
 by inducing stool; but if it did not he added a Purga-
 tive. I knew a Gentleman forty years ago who pretended
 to Cure every dropsy by Tartar Emetic, and, considering how
 many Dropsies are incurable, he had great success in this
 disease - We would practice it oftener, were it not too
 violent for the Patients; and Purgatives therefore are
 commonly had recourse to, chiefly Hydrogogues, which
 are very acid, are particularly devoted to this - That
 any Purgatives have any Elective power for water, I
 do not suppose; but I impute their effects to their
 violence, by immulging the Secretories - I cannot say
 so much on this subject from Experience, as I could wish,
 because of our Timidity that prevents us from Employing
 them frequently - But I am persuaded that we are wrong,
 and that acid purgatives might answer very well often
 in Dropsies - Lunar Pills have been much recommend-
 ed by Boyle, Boerhaave, &c. and I have reason to
 do

In the
 of the
 to me
 lone,
 than
 reason
 to the
 of the
 he was
 intimate
 the us
 rather
 have
 guilty
 them;
 again
 won
 Nimio
 we in
 Tartar
 has be
 Dore,
 Dore,

believe they are the chief Ingredient of Dr Ward's Pills - I also believe in the power of Elettarium and Gamboge - Drs Sydenham, Lister, and Sydenham recommend the Elettarium. As for Gamboge, it has lately been found on the Continent, by one Mr Herrewschwandt, useful for Worms, and easy to the Patient, if given per Nephric - I have employ only the more mild Purgatives - Jalap I have used sometimes alone, but seldom successfully, but have found it necessary to sharpen it with the Addition of Mercury or Antimony. Mercury we cannot employ so often, because of the Salivation it is apt to induce - Antimony may be useful - and I think Tartar Emetic with Jalap would form a very good Hydragogue. If the syrup of Buckthorn were genuine, I think it would be very useful; and we might allow it to act as an Emetic with advantage - I own to you however, that the uncertainty of the Nature of the disease makes us rather negligent and timid in Practice - Wealthy Persons scarce than those Evacuations - yet I imagine we are guilty of a fault by allowing too long intervals between them; for, as Sydenham observes, the disease is rather exasperated by Evacuations, unless they are pushed so as soon to evacuate the whole matter - Of late, milder Remedies have been employed with advantage - You may see in the Bolognian Commentaries, that Crystals of Tartar are commended by an Italian; and his practice has been improved in our Hospitals, by giving it in larger Doses, frequently $\mathfrak{z}\mathfrak{i}\mathfrak{j}$ in 6. or 8. hours, or $\mathfrak{z}\mathfrak{i}\mathfrak{j}$ a day; and thus

has it
rated
best of
if you
can

Chap,
F B
university

ach a

Quill

pulls

1000

July 10

9

Will a

bolch.

then do

[Faint handwritten notes at the bottom of the page]

1.1

1111

Carl

1891

Fla.

The day

five

the

Sted.

Mar 7

Albany

the Hall

```

pre.

```

in the

thus it operates more strongly by Urine than by stool. Regenerated Tartar I have not much employed, it being too expensive; but from the Testimony of Authors, I think it may be useful if given per Mepris, even in the dose of ʒvi. or ʒj. - There are Cases in which we may be afraid of Purgatives.

But in all Cases we have free recourse to Diuretics. Unhappily there is none tolerably certain - Some of them, as I have mentioned, may answer pretty well; but we have generally and properly recourse to more particular Diuretics, such as Squills, Colchicum, Garlic, and fix'd Alkalies. -

Squills, when managed so as to stay in the stomach, may answer that way, and must be given in small Doses, so as to avoid their Purgative effect; for if we would employ purgatives, we would rather use those mentioned above. Squills often succeed as Diuretics, but they oftener fail -

Colchicum of late has been found much more useful; I have often found it so, and cannot believe that Dr Stork has always been deceived, as his Enemies alledge; but from their objections I think much less of it than formerly -

Garlic I have mentioned here, I say that it is a specific of Plants which has been found diuretic, but weak and not to be depended on - Garlic is the most powerful of these, though there instances of Cures by Leeks and Onions - Garlic must be swallowed in entire Cloves, to enable the Intestines to bear more of it -

Alkaline Salts are often powerful in this way, but are a precarious Remedy; whether from their being Neutralized in the stomach, or from the small quantity in which they are given

Calicut

given, or their too great determination to the exhalent vessels when given in such a small quantity, is uncertain - But often, in a due quantity, they prove powerful Diuretics.

Sweating. I have observed that dropsy is often owing to ~~impaired~~ ^{impaired} Perspiration - It is by absorption of humidity that Dropsies are so frequent in cold damp places - De Haen observes that Obstructed Perspiration may induce Diabetes or Dropsy - In all such cases Sweating is the proper Remedy, and promises a cure - Ordinarily it has been excited by many ways, by warm Bathing, and Done at Bath - But this way is too relaxant; and therefore it has been excited by dry heat in sand, and exposure to the Sun in warm Climates, which have often succeeded - The Sweating-Bag with us has often been practiced - Other from Opportunity being rare, or other difficulties, I would try some other way - Dr Monro gives a Case of Dropsy from Dr Knight cured by sudorifics Powers Powder, however, the most powerful of all sudorifics, has generally been found Insignificant. If sweating could be easily practiced, it might answer very well -

Salivation. Mercury has often been employed, and has often proved a happy Diuretic; but Practitioners have avoided it on a supposition that it breaks down and dissolves the blood; but this is mere Theory, and in fact there is no proof that the blood is thinner during salivation - On the contrary, I have often seen it covered with Inflammatory Crust to a great degree - and many other reasons show this Theory to be entirely groundless - It arose at a time when the consideration of our fluids was much thought of in Physic, and all Evacuants imagined to act on them by a change of quality - Therefore, I believe, that Salivation, as an Evacuant of Serum, may be useful in Dropsy; but a high Sal.

divine
advice
be of
temporal
gentle
universal
more
ration

Gen. L.
Char."
naula

Numer
 temple
 & addi
 the bac
 can, to
 in a no
 landing
 of Ph
 Anato

Gen. L
Char.
mida
rime

Salivation is dangerous, and by no means necessary, because a moderate degree of it in other Diseases is sufficient; which is to be explained by the Evacuation by the Skin and Kidneys - Therefore I have no doubt that Mercury, given so as to excite a gentle continued Spitting, may be very useful - These are the several heads of our practice in Dropsy - Why they are not more frequently successful, is understood from a consideration of the Cause.

Intumescitio Solida.

Gen. LXXXVII. Physconia.

Char. "Tumor quandam abdominis partem potissimum occupans,
"paulatim crescens, nec sonora nec fluctuans."

This cannot have a place in Nosology, unless it forms a Tumor in the external habit - I have inserted it here purely in Compliance to other Systematis; but it is consistent with our plan to avoid symptomatic affections - If you are acquainted with the Cause of Physconia, you'll see that it is mostly a local Disease, being sometimes owing to Scirrhus, Strictures, &c. But even as a symptom it deserves attention, and you'll do well to consult Sauvages. Mr Cuvrier has given a Table of the different species of Physconia, and to complete the Doctrine Licet's *Historia Anatomica Medica*.

Gen. LXXXVIII. Rachitis.

Char. "Caput magnum antevius maxime tumens; genicula tumida; costae depressae; abdomen tumidum; caetera marascentia."

I am here to make some remarks on Dr Boerhaave's Aphorisms on this disease, as upon a *Jept* - But - &c. -

I have already hinted to you, that from the Experience I have of it, and from the Observations I have been able to make, I think the best plan for teaching Physic, is to begin by a short connected System, and then enter into the diversity of Opinions. But often it is not possible to follow this plan, as for example, on the subject of Rickets; and therefore I think it enough to make a few remarks on Boerhaave's system - He begins by giving the history of the Rise of this disease - I might remark on the date he ascribes to it, *medio fere saeculo sexto decimo* - But I am only to consider whether it was then a new disease; which is not a matter of mere curiosity, but with a view to ascertain the cause - all this is doubtful.

It is said that the Antients are silent on this subject; but, as I said on that of the Miliary fever, this proves nothing. Celsus, Aretaeus, Aurelianus are the only tolerable describers in Antiquity. Hippocrates, Galen, and others, have given only fragments of descriptions - Before the restoration of Letters, nay from Celsus to Sydenham, we have scarce a tolerable description of any disease - Therefore it is no wonder that we should find nothing in Antients on diseases that are considered diseases of the Oeconomy - such is Rickets, which is no more regarded by some people than the shape of the nose - In short, I think that contagious diseases alone are new - Where we can trace the spreading of a disease from a particular place where it is epidemic. But there is no suspicion of the Rickets being such.

Besides, I do not allow that the Antients are entirely for

silent, on this disease, as it is said; for we find among them a great number of SICK-nAMES, such as *Frontones*, *Tuberon*, *Valgi*, &c, from which we must conclude that they knew this disease -

In the next place, Boerhaave observes that this disease is never born with Children - "*Infantibus nunquam connatus!*" But I say, that same proportion of the head, and that prominent forehead, which distinguish the *Rachitis*, appear at birth, but commonly take the form of a disease at the time of dentition, or about the ninth month; which must be understood with some Latitude. *Rachitic* Children are all slow in dentition; and it seems this effect of the disease depends on some Circumstance in the formation of the bones -

Then Boerhaave proceeds to the Investigation of the Cause, which he deduces from a certain condition of the Parents - see Par. 1432. But I must observe on this, what Boerhaave was not aware of, that Poor Peoples Children are as subject to this disease as the Children of the Rich, and even have it more frequently; of which you may be convinced in walking along the Cowgate (a street of Edinburgh), which may truly be called the Temple of Glacina, especially between 10 & 11 P. M. - and therefore all this aphorism is some imaginary - I will produce as many people of a good Constitution, of a sober life, and of a firm habit, whose Children have the *Rachitis*, and vice versa. Agua calida uri, by an allusion to the use of Tea - Tea is sufficiently hurtful, but it has not done half the mischief laid to its charge - In assigning the remote Causes of Diseases, we

are
Phae
40-
achin
in Cong
ay
State
men, if
subject

appears
person
were n
there;
more
used in
Practic
than in
-can
think
-diff
-nal
their

But
and
cold

we are Ignorant as the Vulgar - Mr Glisson fixed the origin of Rachitis at the year 1620, or thereabouts, and Boerhaave at about 1640 - But no Tea was drunk then - It is curious enough that Rachitic Parents often have very sound Children - yet laxity in Constitution, Chronic diseases, Excess of Venery in Parents, &c., may have a share in producing this disease in the Children As state exhausts. as far as my Observation goes, Children of old men, if theirs (which is not commonly to be doubted), are not more subject to Rachitis than those of young men.

The favourite Doctrine of Boerhaave was, that Rachitis appeared with the Pox; but this is very doubtful. I have known persons who have often had the gonorrhoea, whose Children were not in the least Rachitic. This disease appears every where; in Country as well as Town - The Venereal Disease is much more frequent in Italy and Spain, and is there much more neglected than in Britain, as I am informed by their own present Practitioners; yet the Rachitis is not more frequent there than in England, if not less, *ubi vero nutritum, &c.* Every disease of Children is imputed to Nurses, but wrongly. I think that particular Nurses may favour the predisposition, and increase it; but that it depends on original Confirmation - I have known Children nursed by their Nurses, but no Rachitis ensued.

Boerhaave proceeds to the occasional Causes. But here I am much at a loss - The proofs are doubtful; and Negative proofs against them are very frequent. Cold and Moisture may ~~increase~~ ^{pro} the disease, but do not

produce the disease; otherwise, how many Children should be Rachitic. As for the diet it may have a share here; but how many Villages of Fishers, for example, are there, where Children are not more Rachitic than those of other towns? Farinosei drumini. yet this is the universal diet of Children over the whole Globe. In England and other places Meal makes their food; and our Oat-meal Porridge does not prevent our Scotch Children from being as well made as others.

Crudit horai are confined to a particular Season. As for the Remittent fevers, Chronic diseases, &c. and in short the whole of the remote Causes assigned here, all are very doubtful; and can never be certain whether the Rachitis attributed to them does not arise from original Conformation.

Boerhaave then proceeds to the Diagnosis of this disease: First in his "quimonendum incedunt."

1. Ab Olate. I have spoke of this.
2. A Causis progressis. This is very doubtful. I can foretell Rachitis, but not from a consideration of Causes.
3. A Patribus, &c. Yes: this is a family disease, a proof that it come from an original Conformation - yet there are strange exceptions to this.
4. A tumore flauido faciei et Capitis. For the most part the heads of Rachitic Children are at their birth of an uncommon size; but he has forgotten the chief Character, a pro-

* Cannot be the Cause in this country; for we have no fruit.

prominent forehead - We have still another mark in the progress of the Fontanella towards Ossification, which is more slow in Rachitic Children.

5. A late Lapa. Yes.

6. Tumore abdominis. How this is to be explained, is uncertain, perhaps it is owing to obstructions of the Mesenteric Glands, which cause Tympanitic and also Phlegmonic Abdomination. The swelling is not equal to this tumor.

7. Maulentia reliquorum partium. The Limbs shrink in size; and before this are flaccid, because there is less oil generated in this disease, and the cellular substance is not filled up.

8. A protuberantia epiphyseon ad junctura &c. This is considered as a Characteristic Symptom - But there are other circumstances of the bones to be joined, viz. Curvatures, whence the Valgi, Vari, &c. The Ribs are affected in a particular manner, being more flat, and the sternum pushed outwards, and flat also.

9. A Magnitudine, &c. In consequence of big heads - In Children walking.

10. Ex omnibus antecedentibus.

B. Ab inceptu tardior. &c.

V. Ab ingenio prematuro neminem &c. It is probable that as this disease depends on a delicate constitution, and is joined to a remarkable debility, the Mobility aecompanying this generally makes Rachitic Children more witty and lively; and on this account, those that speak soon, or before they can walk, are to be expected - But on

tons a
 multi-
 mer-
 ed in
 is a
 some
 few
 there
 it can
 -tion
 that
 -able
 of the
 globe
 paper
 pro-
 have
 be-
 circa
 -102
 me
 it-
 & co
 every
 Geo.

on the other hand, there are many instances of Rachitis joined with Idiostern.

In the next paragraph Boerhaave gives the symptoms of that disease in adults, which are *aequalia* of the preceding symptoms, and show some fault in the nourishment of the bones; and this is the chief condition to be explained in order to find out the Cause - Boerhaave adds that there is a constant fever - This is not admissible - The disease sometimes proceeds to a considerable degree, and often without fever - The Pulse is always very frequent in children; and there is no other symptom of fever - The hectic fever, when it occurs, always gives a suspicion of torrid affections, Obstructions, or even Vomica - What Boerhaave adds is proper, that this disease is very universally accompanied with a remarkable laxity of the solids. It is probable that the debility of the assimilatory Organs diminishes the quantity of red Globules in the blood - From these Remarks Boerhaave passes to the

proximate Causes. With regard to the *Labus venerea*, I have spoke of it before - If the *Capitones*, *Vari*, *Valgi*, &c. were Rachitic, there is no suspicion of the Venereal disease - With regard to the *Cachymia iners*, *mu-cosa*, *frigida*, *vapida*, &c. I do not understand it, and see no proof of it - It is unnecessary to dispute about it - Whatever be the state of the fluids in this disease, it is a consequence of the *Levia partium firmarum fabrica*. Every body that takes an accurate view of the animal Economy, must see that in such Cases the state of the fluids

fluids is well explained by that of the solids, and the Laxity of these by original Confirmation - It is in consequence of this that we see tall or short people independant of any particular management of Children, as much as horns differently shaped, or eyes of different color: And if so, from Analogy we should infer the Rachitis to the same original Confirmation, and attribute it to the Laxity of the solids.

In prosecuting our Subject, I must observe, that I can find fault with Boerhaave, but very distant views from disparaging his general Character: He was a Man of genius and Application, and has rendered very great services to Physic - But unless I would engage myself in a tedious Criticism, I could not take him as a Text-book. I have followed him on the subjects of Rachitis & his Proximate Cause. I have said I do not understand what he means by this *Calochymia inert, molora, frigida, vapida*, &c. Boerhaave was very apt to reject any such thing as fermentation in the human Body, but what can he mean by *Vapida* without fermentation? I know not - As for the Laxity of the solids, this must certainly be admitted - But as the simple solids are not susceptible of a sudden change, in all sudden cases it must be the nervous power that is chiefly affected. There is in this disease a particular condition of the *facultas Nutrix*, which, while it lasts, occasions a want of preparation of the proper fluids - The usual quantity of Oil in the Cellular membrane is not prepared; particularly the bony matter & give a ferment & the Bones is stopped - How this is connected with abdominal Tumors, or faults of other Viscera, or what is the fault of the Nutritive power, I cannot say, any more than I

I can explain many other mysteries of the animal Economy. Why are the Teeth formed at two periods? Why are the germinals Evolved at a certain period only? How does that Evolution affect the voice? &c. all these are mysteries which we do not understand - That cacoehymia which Boerhaave speaks of here, has been explained as a prevalent acidity - I own there is an acid in the prime vie; but we have as much reason to think the prevalence of this an effect as a cause of a disease - Whether there is any acid power applied to the bones is uncertain; but in supposing there was, what the effects of acidity are beyond the Prime vie we do not know; certainly it does not remain in the system under an acid form beyond the prime vie - But whence should that acid be generated from the milk, they say, which is the food of the child. If the *Fructus perarum farinosa aryma* could induce this disease, they might be suspected to act this way; but when we consider that this disease is congenital, and where we see the child is first formed from the Alkalifant juices of the mother, we cannot suspect it to arise from a prevailing acidity - There are Children who are allowed to eat animal food, who are as much rachitic as others; and those that are brought up by the Spoon on Cows milk, which is less Alkalifant, are not more affected than others. and if this were the case should we not find more difficulty in weaning Children, liable to this disease, than we do - Therefore that a prevailing acidity is the cause of this disease, is very doubtful; and accordingly there is no evidence that antacids are more effectual here than any other Remedies.

Boerhaave's Cure turns on a drying and strong
- then

strengthening Course, with attention to the Condition of the *Primo vis*. Curatio optima fit &c. The only Food administered is light and easily soluble food, such as fermented bread: but the diet must in some measure; for we cannot make Children eat dry bread alone: Therefore the *Meccori* is inadmissible. Aromatics may be added, but with what effect I cannot say - Though acidity is not the Cause of the disease, yet it must be avoided - and we can give broth to Children. *Pote nausa meraco ex Cerevisia imprimis*, &c. Boerhaave had this from an English Physician, who always prescribe good ale to their Patients: but why not ale as well new, I cannot say, ^{whether} ale cocta makes the best ale, is disputable. The use of flannel shirts tends to support Perspiration. Matras are to be filled with Aromatic herbs, but with what effect is doubtful - But to avoid moisture and cold it is very proper the Patient should lie upstairs; *upratulata lignea* - Gustation &c. judge yourselves whether there be any thing here particular - Friction with flannel is very useful, to restore the tone of the solid, and extreme Vessels; and particularly to support the Perspiration - I doubt whether by rubbing the region of the medulla spinalis, we can obtain any particular effect; but frictions on the belly are certainly useful and admissible.

Blisters have been proposed, but I think they can have no effect, as there is no symptom which they are fitted to remove - There have been disputes on Issues, and Facts have been advanced on both hands.

I have
 common
 via -
 Thomas
 de M
 do not
 united
 we we
 and for
 much
 never
 Maria
 is pro
 Martin
 the po
 pack
 to lo
 not a
 distinct
 then
 Bath
 mis
 but a
 I have

I have generally found them of no use -

Vomits and Purgatives. These are very useful to preserve the Tone and prevent the Debility of the prime vice - gentle Emetics may usefully excite the action of the Stomach. Purgatives are necessary to avoid the Stagnation of the Prime Visc - and the favourite Remedy is Rhubarb - I do not doubt that of all acid Purgatives it is the best suited to this disease; and both as an astringent and Purgative we see how it may be of use -

Denique &c. I understand this well of Tonic Remedies, and from the authority of Boyle, Chaly Beates have had much reputation, and have been employed with success - I cannot perceive any thing particular in the *Ens Veneris* or *Gloria Martis* - Whether the *Vitriolici* or *Mariatici* acid be employed is pretty indifferent; and I have found the common *Sal Martis* as useful as any other - at the Time of Boerhaave the Peruvian Bark was not known in the Practice of Rachitis, and Chalybeates are more convenient - What are the *Episcientia* and *antiscorbutica* mentioned here, I do not know, and don't enquire, as Boerhaave himself had no distinct views on them. *Tetradynamis* do not answer better than other Remedies - Boerhaave asks, whether the Cold Bath will be useful? - Undoubtedly it is one of the best to us we know; and it is very good as a prophylaxis; but when the disease is well formed, its use has been disputed. I have not been embarrassed with the question - When the

the disease has been much advanced, and the Tumors very great, I thought it dangerous; but when the disease has been more recent, in despite of the prominent forehead and the mid joints (if there was no considerable fever), I found the cold Bath very advantageous - Boerhaave adds "Antinimenta et quæ?" He suspects they may be hurtful, which I think; and it does not appear to me that they can have any great effect.

Ord. III. Impetigines

Char. "Cachexia cutem et externum corpus precipue deformant." - This Term is not employed strictly in the sense in which the Antients used it, who understood by it a scabby Eruption on the skin. Sauvages has extended it to all Cases of that kind; and I have extended it still farther, perhaps not correctly; but I think it allowable under the difficulties of our method - The deformation of the skin, which is the chief character of this disease, is, perhaps, not improperly applicable to the first Genus.

Gen. LXXX. Scrophula.

Char. Glandularum conglobatarum, præsertim in collo, "tumores; labium superius et columna nasi tumida; facies florida, cutis levis; tumidum Abdomen."

To avoid too much subtilty in our divisions I have put this disease here - Try yourselves to find a better place for it. Scrophula is not a new disease, though it has been considered such, as well as the Rachitis; but I have the same reasons against that opinion as I have alledged on the subject of Rachitis - you find traces of it

It among the Antients; and the Term Struma, particularly, is not a new term - The symptoms of it are well known; and in most cases it will not be mistaken, but in some it may, and therefore it must be admitted and distinguished.

1. It appears as a Tumor or discoloration on different parts of the body, free from pain and inflammation; for the tumor is moveable under the skin, commonly very gradual and slow in its approaches to an inflamed state; and even in its parulency, when it is fluctuating, it is long before it penetrates the skin and changes into an Ulcer. It is not like a common Phlegmon, but opens slowly in small Ulcers - It gives Pus, but not much, and this appears white like Cheesy matter - The Tumors are not pointed - The Pus is sometimes transparent, like gelatinous matter. The Ulcers thus formed heal slowly, and give much transparent Pus - The edges of the Ulcer are seldom well formed, flat and smooth - When I speak of this as an Abscess for Ulceration, I must observe that frequently these tumors arise on the bones, with a particular Caries, i.e. the bone is affected, and becomes of a particular spongy texture; and this heals as easily as Ulceration in soft parts.

2. This disease affects more particularly certain persons, seldom, for example, those that have black hair and Eyes, or a rough skin; commonly those that have

have a smooth skin; thin Cuticle, clear and ruddy Com-
 plexion; but seldom brown faced People. It attacks chiefly
 a certain period of Life, from three years to Puberty. I have
 seen it in Children of a few months, but rarely before three
 years. It appears at any time within that limit, but
 chiefly between three and seven years. I doubt extremely whe-
 ther after Puberty the genuine Scrophula frequently ap-
 pears, though the Lymphatic Glands may swell. In many
 Cases I have observed this disease to be a prelude to
 Phthisis, At whatever time it comes on, it seldom conti-
 nues more than three or four years. However con-
 siderable they may be I have commonly seen them cured
 in four years; and if they do not take to the Lungs at
 the age of Puberty, they generally heal up and disappear.
 The Tumors most commonly occur in Conglobate or Lym-
 phatic Glands, chiefly in those of the Neck. Whether this is
 owing to a particular distribution of the system, at the period
 of life at which they appear, I will not determine. But at the age
 of Puberty they also very commonly occur in the Lungs. I have en-
 deavored to explain that distribution of the Blood. How the
 Lymphatic glands come particularly to be affected by it, I
 cannot say. At the same time the scrophula appears in
 other parts, on the muscular parts on the bones, &c. But
 more readily on the joints, and as far as my Observation
 goes, chiefly on the Elbows. It is particular, that while in
 other parts they appear as mobile swellings, they more
 frequently, though not universally, appear on the joints as
 in

make
 very
 calling
 there
 the
 they
 long
 of ha
 winter
 unique
 -men
 tion
 is a
 Vorn
 a to
 -can
 -ula
 for
 as to
 him
 is
 father
 is m
 ever
 a p.

immobile tumors. Whether it affects the neck or other parts, it is very generally attended with swelling of the upper lip, up-
 -taking at the root of the Columba nasi, and attended with
 Ulceration - another Fact, this disease has a connection with
 the seasons of the year - The first appearance of it is in spring.
 They continue and advance till Midsummer - Then the swell-
 -ings diminish - The Ulcerations more commonly heal.
 In harvest they frequently disappear, till again, after the
 Winter solstice, they return sooner or later, chiefly, in these
 unequal climates, according to the Weather - If cold conti-
 -nues long they return late -

When the disease proves fatal, we find on Dissec-
 -tion the Conglobate Glands, chiefly in the Abdomen, and espe-
 -cially in the Mesentery, much affected; sometimes even with
 Vermica, and much in the same condition as the external glands.

As for the CAUSES

1. From the history delivered, it must appear that it is a dis-
 -ease of the whole Constitution, seizing chiefly a particu-
 -lar Temperament and a particular period of Life;
 for it is one of the most common of the hereditary diseases.
 As to the Genealogy of this disease, I have more than once
 hinted in this Course, that it is difficult to know the true
 Father of a Child - But we see every day Children taking
 some resemblance of one or the other Parent; and what
 ever of this be imputed to imagination, I should think it
 a pretty strong diagnostic of the Father. I have often ob-
 served

Observed that among Children, those chiefly resembling their Scrophulous Parent, are chiefly affected with this disease, and vice versa - It is possible that a father may communicate to his Children a morbid matter, but seldom happens; and most hereditary diseases are diseases of Temperament.

2. Another Observation is, that there is always in this disease an affection of the Lymphatic System; whatever may be the connexion of this with the rest of the System - It is not impossible that a particular Acrimony should be transmitted, but more probably a particular Temperament: at least it is not a contagious Acrimony - and though there be doubts concerning this, yet there are no proofs to the contrary - and I have often seen children of the same family, where there only were affected that resembled the scrophulous parent.

The Indications of Cure are two,

1. To obviate the debility and Laxity of the System, manifestly present.
2. On the supposition of Acrimony, to wash it out of the System.

These Indications apply to any practice - As to the first, it leads to explain the Use of the Cortex Peruvianus, which is certainly a Tonic, and has of late been employed in this disease - But it has rarely answered my Expectations; and I would alledge that none of the Accounts Published concerning it are satisfactory - I gave you the history of the disease to limit it, and to prevent your taking every Lymphatic swelling for Scrophula. This is applicable to the
Cause

[Faint, illegible handwriting, likely bleed-through from the reverse side of the page.]

Can
fallu
finc
Lona
conc
ma
91 B
ful
long
find
nich
don
Bar
safe
be a
is c

Plan
in m
the
have
mun
imp
may
join
then
have

Cases mentioned by Dr Gordyce, in which, I think, he has fallen into this mistake - Dr Fothergill is a Physician of sufficient discernment, and there is no doubt that his Cases (see Lond. Med. Ep.) were truly Scrophulous - But there are not conclusive, since he gave the Bark in Decoction, and in too small a quantity to persuade us the Cure was owing to it. Dr Bond of America tells us the Bark has been very useful in this disease, if given in great quantity, and continued long - But when he comes to mention the quantity he gave, we find it was only three half dram doses a day, which can do neither good nor hurt - In general, I would say, there is much doubt concerning this; but I would venture to employ the Bark with Fothergill, because, as he says, it is perfectly safe - We should expect other astringents and Tonics to be also useful; but the only one on which we can depend is Cold Bathing.

The second Indication is answered by the plentiful drinking of water - The Cures performed in this way are commonly imputed to the quality of the mineral water employed; yet as waters of all kinds have been much reputed in this disease, much of the effect must be imputed to the water alone - But the saline impregnation, being fitted to stimulate the Excretories, may have a share - After all our trials, it has been found that Sea Water is equally or even more effectual than any other that has been tried - And it is the practice I have found the most useful - But observe, there is no ca-
non

and
 nine
 the
 was
 a
 a
 ten
 with
 not
 qua
 the
 Pun
 mo
 and
 Ban
 un
 be,
 ma
 Cor.
 Sea.

occasion for the person to be removed to the sea. I know that Sea water be kept long enough to transport to a considerable distance. The Sea Air has no advantage; and the sea-bath is scarce better than any other. Nay in nine of ten Cases People at a distance use the seawater to more advantage than those on the shore. On the shore the water is more diluted, and has generally washed the filth of a great city, which must give it a bad taint. Therefore I think it necessary to order a Boat at the Stream of Tide, to a considerable distance from the shore, within a hour of high water.

I seldom employ sea water alone, but dilute it with fresh: as fr. S. which answers best; besides it does not occasion thirst. The practice is to give it in great quantities; but it is sufficient to give it so as to keep the belly open; but the more they can bear without Purging, the better. after long Experience, this is the most useful method of treating Scrophula I know; and nothing more is necessary to be added, but the Cold Bath. Sea water then and then the Cold bath, is the most useful management of this disease.

There are people, who live at a distance from the sea, despite sea water, find it expensive, and refuse it. In such Cases Glaubers salt, with one fourth or sixth of common salt in fresh water, will form an artificial sea water equally, or, perhaps, more useful.

Cicuta

Lord
 man
 had
 and
 Wind
 it
 of
 your
 Bar
 into
 into
 we
 Cur
 -pre
 In
 head
 Gen
 Cha
 "ta
 "m
 "all
 Apo
 Cur
 this

Cicuta and *Sassilago* have been much employed. Since Dr. Stork recommended *Cicuta* it has been admitted by many, even of those who refused its use in Cancers. But it has disappointed me as much in *Scrophula* as in Cancers; and the Cases in which it has succeeded are extremely few. With regard to the *Sassilago* Dr. Fuller has recommended it in his *Medicina Gymnastica*, and mentions a Cure of *Scrophula* by it. I have employed it fifty times, and often found it useful, chiefly in Cases of open sores, where the Bark has failed. I have often been disappointed, but in many instances have had good Cures by it; and what made this certain, was, that the Ulcerations which were cured on the use of *Sassilago*, recurred on its interruption, and were again cured on its repetition. The best preparation of it is the expressed Juice of the Plant, gathered at this season (20th May). In the Summer I have employed a strong Decoction, which, however, I think less Efficacious.

Gen. LXXX. *Symphylis*.

Char. "Morbus contagiosus; post concubitum in parum et generi-
" talium morbum, ulcera tonsillarum; cutis, praesertim ad
" marginem capillitii, papulae corymbosae, in crustas et in
" ulcera crustosa abeunt; dolores oftocopi; exostoses."

A disease I shall say very little about. Every Apothecarys Boy thinks himself very clever and able to cure it; and I won't expose myself to you Criticism on this subject; for you know better than Apothecarys Boys -

Gen.

Gen. LXXXI. *Scorbutus*.

Char. "In regione frigida post victum putrescentem, salitum,
 "ex animalibus confectum, deficiente simul materia vegeta
 "bili recente; asthenia; stomacace; incute mauro & duobus piores,
 "plerumque livescens, praeruptim ad pilorum radices."

A disease on which I might say something more, but now
 I take its Theory to be very simple. You will find enough of it
 in Dr Lind; and to complete your Doctrine you may also
 consult Dr Holme -

Elephantiasis, Lepros, Frambesia, & Trichoma
 I have never seen, and know nothing about.

Icterus I have seen, but can say nothing of it, but
 that it is very common.

The *Morbi Locales*, I have already told you, are
 not a part of this Course - and therefore this is enough on
 the Practice of Physic - at our next meeting I'll tell you how
 to prosecute the subject and supply my defects.

I intended to have employed this Lecture in teaching
 you how to supply my defects, by giving you a sketch of the
 plan of study you are to pursue, and of the authors you should
 read - But I find it is the desire of some Gentlemen, that I
 should touch the two or three genera I have omitted - and
 I will gratify this desire -

Gentlemen, you are my *Meccenas*, and as such

I will address you, in the Words of Horace.

*Pama dicta mihi summâ diuinde Camenâ,
Spectatum satis, et donatum jam rude quaris,
Mœnas, iterum antiquo me includere ludo.*

He furnishes me still with another apology, taken from the
Rest my Colleagues have long enjoyed -

Vejanius, armis

*Herculis ad postem faxis, catet abditus agro.
Ne populum extrema toties export arena.*

And another yet from my age.

*Solue senescentem maturi sanus equum, ne
Pecet ad extremum ridendus, et Ilia stuat.*

You'll find it will often be my Case on this subject of Sy-
philis - I'll draw my breath, and you will laugh at me.
Besides you cannot suppose I should be so attentive to the
Cure of Gonorrhœa as you may yourselves be -

Non eadem est Aetas.

But without any more apologies, and I proceed.

St vernus, et cetera ludicra pono.

The Syphilis confounds all our Systems - It does
not admit of the grand distinction of Local and general
dis ease - nothing is more obvious than that our Physiologists
have been very inaccurate on the subject of Gonorrhœa
Virulenta, which they call the Local ailment. The
by

1791

From this with much kind regards

to the family and to the friends

of the family and to the friends

of the family and to the friends

of the family and to the friends

of the family and to the friends

of the family and to the friends

of the family and to the friends

of the family and to the friends

of the family and to the friends

of the family and to the friends

of the family and to the friends

of the family and to the friends

of the family and to the friends

of the family and to the friends

of the family and to the friends

of the family and to the friends

of the family and to the friends

of the family and to the friends

of the family and to the friends

of the family and to the friends

Syphilis manifests itself first by Chankers or Gonorrhoea. But as Chankers require the same general treatment as the Syphilis, properly so called, I shall here speak only of Gonorrhoea.

In what manner that rises we do not yet well know; and it is of little importance. But the nature of the effusion is of more consequence. Not long ago it was thought to proceed from Ulcerations of the Urethra; and that the effusion was of a purulent Nature. At present the greatest number of Physicians admit it is only an increased discharge from the mucous glands. This unless I mention here all the arguments that favour that opinion. One may stand for all, and it is this, that on dissection of people who died during the violence of a Gonorrhoea Virulenta, no mark of Ulceration was found in the Urethra. This fact I have from Dr Hunter. We have many instances of dissections of people who formerly had the Gonorrhoea, and no Cicatrix was found. Another argument is taken from the Gonorrhoea benigna, which is entirely unconnected with the Virulenta. It often happens that long time drinking brings on, in people who formerly had the Gonorrhoea, a discharge from the Urethra; but of a very transitory nature; which shews that such effusion may take place without purulency, which is not disputed. Likewise in the Gonorrhoea benigna, the whole mass of blood is not contaminated, which is to be explained by the want of absorption. But this would take place if there was any ulceration. Hence I conclude there is no Ulceration in the Gonorrhoea; but at the same time, that

that the continuance of the disease, and the Inflammation, if particularly encouraged, may bring on Ulcerations; which however - dingly have sometimes been found on Dissection, but seldom, and only in cases of long continuance, or great inflammation ill managed -

The most common supposition is, that there is a foreign matter introduced, which acts as a ferment, and stimulates & itself the natural mucus - This may have a share, but is not necessary, as a simple Inflammation may be sufficient to bring on the effusion -

As for the Method of Cure, it is either Prophylactic or Curative - a Prophylaxis is desirable (pour nonvoir l'event et a l'origine). But I do not think it possible, unless it depends on some particular Idiosyncrasy, which is very rare - I don't suppose that the acid matter may be washed out, when it has penetrated very far; but at the same time Caustic alkali may be useful. How? Is another question - The Cure is difficult -

I reduce my Indications, on the supposition of an Inflammation - If we take this away, the disease will cure itself - The first and chief Indication is, then, to take of the Inflammation.

1. In robust persons, where the disease is most violent, repeated Bleeding may often be necessary - But commonly, as the affection is topical, general Venesection can have little effect; and I would prefer topical Bleedings - But
there

and the sentiment of the time, and the influence of
the great minds, may bring an illustration. And now
I have some questions to ask of you, and I hope
you will be able to answer them.

The first question is, what is the
main object of the study of the history of the
human mind? Is it to know the past, or to
improve the present, or to prepare for the future?

Is the study of the history of the human mind
a science, or an art, or a philosophy? Is it a
science, because it seeks to discover the laws of
the human mind, and to apply them to the
improvement of the human race? Is it an art,
because it seeks to improve the human mind,
and to apply the principles of the human mind
to the improvement of the human race? Is it a
philosophy, because it seeks to discover the
principles of the human mind, and to apply them
to the improvement of the human race?

Is the study of the history of the human mind
a science, or an art, or a philosophy? Is it a
science, because it seeks to discover the laws of
the human mind, and to apply them to the
improvement of the human race? Is it an art,
because it seeks to improve the human mind,
and to apply the principles of the human mind
to the improvement of the human race? Is it a
philosophy, because it seeks to discover the
principles of the human mind, and to apply them
to the improvement of the human race?

Is the study of the history of the human mind
a science, or an art, or a philosophy? Is it a
science, because it seeks to discover the laws of
the human mind, and to apply them to the
improvement of the human race? Is it an art,
because it seeks to improve the human mind,
and to apply the principles of the human mind
to the improvement of the human race? Is it a
philosophy, because it seeks to discover the
principles of the human mind, and to apply them
to the improvement of the human race?

these are disagreeable and troublesome; and if Leeches are applied it will often be difficult to stop the bleeding.

2. Besides Bleeding, low Diet is very necessary, and often sufficient.

3. To these two measures, we commonly add Purgatives, as antiphlogistics - Formerly the disease was chiefly treated by acid Purgatives, and Sydenham was of that Opinion; but I think we are to prefer the antiphlogistic Purgatives, as Neutral Salts - and even then I have known to renew the Inflammation - upon the whole, then, Purgatives are a precarious and seldom useful Remedy in this disease -

4. To avoid Irritation, under the Influence of which the mucus is not secreted in sufficient quantity, or rather Consistency, to defend the Urethra; which gives the Ardor Urinæ, Relief is taken off by a large and plentiful dilution of the Urine - We add Mucilages, perhaps properly, but often with little effect, being less powerful than dilution - When Mucilages and Dilution are unsuccessful, we often take off the Irritation by injections of Oil - But this is difficult - a Pipe will irritate much - a Syringe, because of the contraction of the Urethra, will seldom penetrate; and therefore whenever a pipe can be used without irritating too much, it is better - a Poultice of Saccharum Saturni is often applied to the pained part - The strength of the solution, which is here mixed with Crum of Bread, is at most $\frac{1}{2}$ ℥i, which is very useful in repressing Inflammation. By this application almost wholly, a Surgeon reported to

To me that he had cured many Gonorrhoea - another Irritation ~~and~~ Erections and Libidinous desires, which are very troublesome - Therefore all dalliance with Females, lascivious conversation and Reading, are very hurtful. Bodily Exercise is another Irritation carefully to be avoided. The Patient must sit still, or at most use gentle gestation only -

Nitre I think good for nothing, as a cooling Remedy; but as a Diuretic, it may perhaps be useful; but even as such, it increases the acrimony of the Urine which it was intended to remove - If by this means the Inflammation appears abated, I consider the disease as cured, which, with a proper regimen, is done soon after. But sometimes the change of colour and Consistence, which are the symptoms announcing its removal, do not occur. Sometimes the Evacuation diminishes only in quantity. But on the other hand, its green colour does not prove that the discharge is virulent - and if the disease remains under the form of a gleet, even Mercurial Salivation will not remove it -

From what we have said, it follows, that we have scarce any Criterion of the Virulency being expelled; but it is now agreed, that if the disease remain, it is always from a Relaxation of the Mucous glands - There are many Cases of this kind, which may be cured on the supposition of Relaxation, without regard to Virulency - Yet some times

sometimes virulency is to be expected; and the Internal use of Mercury even expedite the Cure of Gonorrhoea - It is a common opinion that external Mercurial applications to the part, are useful; but they are no more so than if applied to the hand; but if of any use, it must be by being taken into the blood - Mercury by Injection, increases the discharge, and in a few Cases is successful - Therefore I have no objection to Injection of some mild Mercurial preparation, such as ~~Exalted~~ Mercury - Calomel is not diffusible in any liquor, and consequently will reside in the Urethra in solid form, and excite a violent Inflammation - Perhaps an injection of a weak solution of Corrosive Sublimate, and still diluted, may be very useful - If strong it will have the effect of Calomel - But it can be of no use unless it gives some pain - I have met with several Instances of Gonorrhoea indolently cured by Corrosive Sublimate; but it was when the solution was acid, and excited Inflammation - There are many instances of Gonorrhoea cured by exciting Inflammation - I have known one cured by riding Post - a method more ancient, was to give the Balsamum Capaiba, or Turpentine - These have a considerable power to excite Inflammation - I have once seen by Capaiba a violent Inflammation and suppression of Urine induced. If then operate, then, it is by irritating the part, and in some measure inflaming them - On this foundation, you'll find in some authors that Cantharides have cured Gonorrhoea - Other means are more ambiguous -

Copper

Copper may be an astringent, but at the same time it is a powerful Stimulant. But whether it operates as a Stimulant or an astringent, is not certain. White Vitriol or preparations of Lead, are commonly employed - The Lead is Saub. Saturn. well dissolved; for a powder in the Urethra is dangerous - On which account the Cerusa is inadmissible. There are Cases in which it is difficult to determine whether astringents or Stimulants are to be employed - When there is no symptom of Inflammation I should employ astringents - What quantity of Saub. Sat. ought to be used? I have no Rule, except to begin with a weak solution - But we must be cautious with the use of astringents. If they produce Inflammation they are very dangerous. Thus they occasion the Tumor Testiculi, by inducing Obstructions, and in consequence a Regurgitation into the Testicle; the means of removing which are the same as taking off Inflammation - You are soon to have a complete dissertation on this subject. (Vid. Therselphi's Inaugur. Dissert. de Testiculi post Inflammationem Venereum Tumor. Edin. June 1770.) There are many people who pretend to cure Gonorrhoea very early, by astringents; but how, I cannot determine -

With regard to Charbais, they necessarily give room to absorption, and necessarily affect the mass of blood; and thus they lead us to the same Remedies as for the Lues - Whether there is any other way of communicating the
In

Infection of the Mass of blood, is uncertain - I would never trust to a simple Gonorrhoea - In many Cases there may be a slight imperceptible Ecoriation, which will be sufficient -

Another Circumstance is, that the Absorption seldom affects the mass of blood, without bringing on a Bubo; but this is not necessary - I am certain that I have seen the mass of blood affected, when there had been no Bubo. The matter of the Lues is however apt to stop here, and produce a swelling of the Inguinal Glands - But there is no proof that the suppuration of the Bubo expels the Lues by evacuation; but the Lues often recurs in despite of all suppuration - Nothing is more necessary to be inculcated than that the suppuration of a bubo is unnecessary to cure the Pox, and is often a dangerous and inconvenient Remedy, as leaving behind it a long and tedious Ulceration.

I have begun the consideration of the Local Syphilis, of which the Chief case is the Gonorrhoea, which I have treated off perhaps a little too tumultuously - I began to speak of Chancres and Buboer - The chief point is, that when they once occur, there is no safety against a Pox, and, like it, are to be treated by the internal use of mercury. But a question occurs, viz. whether the Chancres should be

be healed up by external applications, or whether we should wait for the Operation of Internal Medicines - It is true on one hand that they give you a security for your Prognosis, and shew whether the disease cures well; but on the other hand, the continuing a Chancre is continuing the disease. Every part of our fluids that comes to it, are immediately changed by the ferment of the virus, and absorbed; which encreases the disease.

However in mild Chancres, they may be allowed to remain till they shew some signs of Internal Cure; but when attended with much Inflammation, Phymosis, &c, it is absolutely necessary to heal them up, if possible - In other Cases this is more indifferent - I am inclined to heal them up quickly, depending for the Cure on time and Internal Remedies.

Suppose I heal up a Chancre, if the disease remain a new Chancre will be formed, which may put me on my guard as much as the continuance of the first one -

Chancres require Mercurial Application - In a few Cases Saccharum Saturni has been employed with success - The Mercurial Ointment is inconvenient and ineffectual - The only remedy I would prescribe is the Red Precipitate, taking care to confine it to the Ulcerated part by sprinkling it with a little Canula - This I have seen of great consequence.

With regard to Buboes, we are to have no anxiety about their suppuration, contrary to the common opinion; on the other hand, it is ineffectual and useless for the Cure of the disease - Therefore I would avoid it - How? I have often

often been at a loss - In a certain state Remedies will not prevent their Suppuration - Roultees have no effect, either in discharging or suppurating Bubbles - From Experiments in the Infirmary, dry Cupping is the only means of discharging them - The Mercurial ointment commonly employed has often failed; after constant repetition, when it has succeeded, it may have operated on the mass of blood, or perhaps on the Lymphatics going to the Inguinal glands -

LULS VENEREA. In this the whole mass of blood is affected; and here we can say nothing concerning the nature of the affection - all suppositions are Hypothetical, and equally illfounded - We do not, therefore, pretend to judge of the nature of the Infection - An Opinion from Boerhaave has prevailed, that it takes particularly to the oily part of the body - I might shew his arguments are not conclusive - But we have proofs that it rather takes to the mucous matter - In 99. of 100 Cases it first affects the mucous glands, the Gonorrhoea, and then the Sebaceous glands. The argument of Boerhaave, that it readily attacks the bones, does not shew that it attacks the oil; for if this were the case it should first affect the internal periosteum of the bones; but this does not happen - The Syphilis attacks the bones, but without suspicion of any connexion with the oil - This question is of little importance, but is inseparable of Application - M

Mercury is the Remedy for this disease, as for
al

almost all affections of the sebaceous glands, it is the only cure - Evacuation is the only remedy of Lues, by changing entirely the fluids: and the most universal evacuant is Mercury, which besides touches particularly the seat of this disorder - It has been believed that it acts as an Antidote; but many arguments may be alleged against that opinion; the chief of which is, that there is no proof of Mercury curing Lues without a complete Evacuation - In the Alterative Course, no body can put a Negative on the increase of Perspiration - What other means (to the Mercury) should be substituted, I shall not say; but were I to seek after other Remedies for the Lues instead of it, it would be among the Order of Evacuants - But as Mercury is certainly the most useful of all, I shall speak only of its administration -

Observe that Mercury, like all other Metallic substances, does not act but in a Saline State - It may be reduced to that state by Trituration, Calcination, and by Acids; but these preparations differ only in degree. Those by Trituration are the mildest, and those by acids the most acid - It is unnecessary to examine them one by one; for the choice is only between the most mild and the most acid preparations - The mildest do not operate without a great quantity is introduced, which cannot be done without inducing Salivation - But as this depends on the

[Faint, illegible handwriting, likely bleed-through from the reverse side of the page.]

the
may
When
with
it op
will
gle
ver
at
the
of h
mon
Awh
are
Mer
an
it
in
-pi
wo
Th
a
in

the quantity of Mercury introduced, the aërid preparations may operate as Diaphoreticæ, without inducing salivation, which is less troublesome - This touches our late practice with Corrosive sublimate - When it is most aërid I know it operates as a Diuretic and Sudorific, and when so, it will cure - True it has failed, but why? - Sir John Pringle sent me from London two parcels of Sublimate very different from each other - One had been made at Apothecaries Hall, by the directions of the College, the other came from a Private Chemist, who made secret of his preparation - Their degree of solubility and aërimony differed very much, and so also proved their effect - Among the preparations of Corrosive Sublimate there are all the different degrees between the most aërid and Mercurius dulcis; and only in its most aërid state can it act as Corrosive Sublimate -

Much depends on the administration of it - Van Swieten dissolved it in spirits: but it often fails in that way, because after some days the mercury precipitates - If you attend to those Precautions, you will not wonder that sometimes it has not succeeded.

Regimen - If the Sublimate takes to the skin, it readily produces a Cure - But if we use it as a diaphoretic, and expose the Patient to Cold, it will induce salivation, and disappoint us - again, there are some

some particular constitutions, not disposed to diaphoretic, in which it will fail - From these considerations I think it may be managed so as to be effectual; but yet in most cases, from want of attention, it fails - And in many cases the mildest preparations must be employed - And in all (with few exceptions) with great advantage; for there are cases the Sublimate will not cure; which we are certain of curing in this way; and therefore, in point of certainty, & of convenience, they are best

A Question arises here, whether Mercury prepared by Trituration is preferable to preparations by Calination, or to saline ones? By trituration, all saline Preparations are always apt to attack the Intestines - We have lately been informed of a remedy equal to Tritured Mercury, viz, washed Calomel, till reduced to a black powder - But even this is more liable to operate by stool than tritured mercury, and therefore I prefer the last - Another question - Must it be given by the skin or by the mouth? The French have been much in humour to prefer Unction; but I deny that this way has any advantage over the other - On the contrary, it is more difficult thus to determine the quantity introduced, and is of more difficult management - The only Objection is, that even tritured Mercury by the mouth is more liable to purge; and on this account I often prescribe Unction - But now I find that opium will prevent purging

I am
 of all
 the a
 it is
 of its
 your
 -par
 emp
 Not
 us a
 to the
 How
 quan
 them
 effu
 and
 gre
 a r
 a se
 you.

purging, and determine more effectually the Mercury to the mouth and skin - But the preparation of Mercury by Trituration is neither easy nor equal - Judge it by the Unsteadiness of the Edinburgh Dispensatory in this point.

In four Editions it was varied, and the last is the worst of all - The only certain means, and this is Keyser's practice, is to triturate the Mercury by itself, whether with the addition of some Vegetable acid, I cannot determine; but it is better to try it first alone - and the only certainty of its being well triturated is its being reduced to a black powder - But this requires much trouble, and to be prepared so the Mercury must be in great quantity - Keyser employs a Machine moved by a Horse -

It must be given till it affects the mouth; not that I imagine salivation in itself useful, but to give us a security; because in 99 of 100 Cases it will not go to the skin without it affecting the Salivary Glands - How come this? I have no doubt that it is by the quantity of Mercury introduced acting as a general Stimulus - We have no security, I say, of its good effects, but by its affecting the mouth, making the teeth and Gums sore, and tainting the breath - But then too great a Salivation will often disappoint us - I know a man on whom a few grains of Mercury induced a salivation for three weeks, to the quantity of three or four pints a day - His Corona et ulcera tonsillarum were

we r
at b
come
Merle
the g
ad up
enile
vati
to m
may
-nare
exper
tend

much
desir
repre
diffic
Phys
to wo
and
is n
tans

Gum

were removed; but I doubt whether we could depend on that Cure, and accordingly a month afterwards the Corona came again - He sweat little during the time - And in short Mercury operate in a more ineffectual way by Salivation -

The general evacuation is commonly kept up between three and six weeks, and there is no necessity for more than a just sensible Salivation - There are 100 instances of moderate Salivation answering as well as the more violent - Such is the most effectual method of curing the Pox - What others may be pursued, and what we are to think of the Sarsaparilla, Mercurium, &c. I cannot say; for I have no Experience of them, and I do not think it necessary to attend more to particular Symptoms

Scorbutus.

A time was, when the subject of Scurvy was very much embarrassed, and when Practitioners confounded every Acrimony of the blood under the name of Scurvy - Celsus represents this disease in such a variety, as to make it very difficult to understand - Ray Boerhaave is guilty of the same. Physicians are now agreed that the Scurvy is to be confined to what we call the Sea-Scurvy, discovered by its cause, and by the Symptoms expressed in the Character. There is no proof of it arising, but in consequence of constant use of Salt animal food -

The chief Symptoms are, Lassitude, Languor, Gums liable to bleed, solid Breath, lived spots, and eruptions

...remains; but I think it better to leave it
as it is, and not to attempt to alter it. I have
seen many who have done this, and they have
found it to be a waste of time and money. I
think it better to leave it as it is, and not to
attempt to alter it. I have seen many who
have done this, and they have found it to be
a waste of time and money. I think it better
to leave it as it is, and not to attempt to
alter it. I have seen many who have done
this, and they have found it to be a waste
of time and money. I think it better to
leave it as it is, and not to attempt to alter
it. I have seen many who have done this,
and they have found it to be a waste of time
and money. I think it better to leave it as
it is, and not to attempt to alter it. I have
seen many who have done this, and they have
found it to be a waste of time and money.

...the ...

...the ...

Principles
near
and
Dona
some
Facts
men
1. The
Pro
prode
it; be
not
2. The
state
up
3. The
4. The
not
a
-to
The
Bus
a
by
led
of

Eruptions on the Skin - With regard to its various appearances, I need say no more after Dr Lindisso judicious and complete on this subject - You may also read with advantage Dr Holme, our late Pupil. He has added some peculiarities with regard to the Causes, and some Facts that are curious and worth enquiry - From my judgment the Cause of Scurvy is nearly agreed to -

1. The use of Animal Diet has considerable effect here. Probably, a priori, the Alkalescency this is liable to produce may make us believe this is the true Cause of it; but that Animal diet alone has produced Scurvy, is not Proved - Therefore I admit,
2. That it is the use of Animal food already in some state of Putridity only - But again there is no evidence, except it is,
3. Salted animal putrescent Food.
4. The use even of salted animal Putrescent food will not readily produce the Scurvy, unless there is also a Suppression of some Evacuation of alkaline matters. There is a fact much insisted on by Dr Holme, viz. That the Scurvy does not arise in the Torrid Zone. But I have several Facts to the contrary - We had lately a Pupil engaged in a Travels in the East Indies - Their crew, by being confined to salted animal food, were soon affected with a high degree of Scurvy, without going out of the Torrid Zone - yet I would imagine there is some thing

some
more
that
said
-ma
with
this
kind
al-
-tion
is

Ch

on
-fac
for
ber
is a
wh
is
me
ter
in
-to
a
of

something in Dr Holm's Fact, and that scurvy occurs more rarely there than any where else - It is well known that the active escape it - The indolent and sluggish sailors are most readily attacked with it - Therefore animal salted putrescent food in a cold and moist Climate, with obstructed perspiration, is the Remote Cause of this disease - With regard to the Proximate Cause, we know that the animal system is always tending to an alkaline state - We also know that there is a production of Ammoniacal salt by Putrescency; for Nitre is produced by it - But &c.

On Scurvy, we have fixed the limits of our Character, and the Remote Causes - But for the

Proximate Causes, we believe it depends on a putrescency of animal fluids - Complete Putrefaction I take to be incompatible with Life, and therefore take the state of the fluids in Scurvy to be a medium between Putrefaction and their natural state - There is constantly some saline matter in the animal Economy, which does not previously appear in the Aliment. There is an acid of Phosphorus evolved, and produced in a much greater degree in the animal Body; at the same time it is found combined with a Volatile Alkali into an ammoniacal salt, the foundation of the essential Salt of Urine - Therefore there is in our system a constant tendency to the production, and excretion, of this salt; it being thrown out by the natural Ex-
-cre

Operations - From the Remote Causes of Scurvy, I conclude
 that its proximate Cause is a superabundance of this
 saline matter - Every means of increasing the quantity
 of saline matter in the human body will increase the
 scorbutic symptoms - and though there should be no
 sea-salt taken in unusual quantity, it has been found
 by Dr Huxham, that the long use of alkaline substances
 alone induces or increases such scorbutic symptoms -
 Dr Boerhaave thought that sea-salt could not be changed in our
 system; but though it be found in the Urine it is possible
 that the greatest part of it is changed in our bodies into am-
 moniacal salt, by the application, & its alkali, of the Infla-
 -mable matter constantly present in our Economy, by
 which it becomes Volatile - The presence of the ammoniacal
 salt in the blood, is the chief cause of its fluidity - Hence
 the dissolution of the blood in Scurvy, and its being so lia-
 -ble to run out by Effusions and Hemorrhages - But
 this state of the blood always particularly affects the mouth:
 How? It seems that the Saliva contains a greater quan-
 -tity of Ammoniacal salt than any of our fluids - Hence,
 perhaps, we may understand why the superabundance
 of this in the blood takes the course of the salivary
 glands, and more particularly affects them - This, however,
 is but a Conjecture - Whether the solids be weakened in
 consequence of the superabundance of this ammoniacal salt;
 or the more immediately putrid state, judge yourselves -
 There is, however, a sedative power, which operates on the
 system.

From what we have said of the Causes of
 Scurvy

Scurvy, the Prophylaxis and Cure are so obvious and so well known, that it is useless to detail them. The Prophylaxis turns on avoiding the remote Causes - Recent Vegetables make the Cure - Preserved Farinae and dried Herbs would, perhaps, perform a Cure, if joined to every means of supporting Perspiration; and if they have not always succeeded, it was, perhaps, owing to their quantity being too inconsiderable - This is enough to enable you to understand the authors who have wrote on this subject, to whom I refer you

Elephantiasis.

This is confusedly described in old Arabian Physicians, but better by a Physician of Aix in Provence, and in the London Medical Essays; which make me think it has some analogy to the Scurvy - I have never seen this disease; But it seems Mercury always makes it worse - and here I conclude my consideration of our Genera Morborum

Now to teach you how to supply my defects by the study of Authors - I must set out with my maxims, that the study of Physic is to be pursued only a Dogmatical Plan: because,

1. Though some people may pretend the contrary, Theory is unavoidable, and none shun it; and in no step can it be safe, unless by the assistance of much Exercise and study on an Extensive Plan - If men pretend to reason without Data, without knowing half the facts that ought to be known, without a series of Principles on which the subject depends

depends, nothing is more foolish and ridiculous - a lawyer who reasons on Physic, or a Physician who reasons on Law, make himself ridiculous - But with regard to both Sciences, there is a number of common Principles, with which both the one and the other should be acquainted. There is no case in Physic so well characterized that we can treat it entirely by imitation - No body will avoid entirely forming a judgement on the degree of fullness, or weakness of the stomach, &c.

2. There is no means whatever of Learning Physic on an Empirical Plan - The Facts of Physic are very incomplete, and no where well arranged - All Empirical Compilers have been betrayed into silly reasonings - Such is Leutaud, in whose book there is not one page that is not incomplete, erroneous, and full of superfluities - Instead of cures he has given nothing but a list of inert Remedies, no where arranged, and no way useful - If the Empirical plan was practicable, every old woman might be a Physician - Bisot, and other such plans, are entirely to be scorned by Critics - It is said that Empirical Writers might at least be consulted for their facts; but this is a mistake. Those facts are always collected under the influence of some Dogmatism; and unless you are guarded against particular Theories, facts are of no use to you - Therefore the Practice of Physic must be studied on a theoretical plan, in its utmost extent - There is no part of our Economy that does not admit of discussion, applicable to
prac

practice. But we must take great care against particular Theories; and in practice we must always confine ourselves to very general conclusions. Nothing has been of more service in Physic than this, that it is in the Nervous System we must seek for the Explanation of most Phenomena of the human Economy. Hoffman and Baglivi, &c. who first pointed at that proposition, have therefore done a great service to Physic; but as we know none of the particular Laws of that System, we cannot make any application of our Conjectures with regard to it. But for Example, we are entirely safe in maintaining as a general fact, that a certain degree of Plethora or debility induces a mobility of the nervous System; which leads us to the Cure of Epilepsy. Mere Hypotheses may improper and ridiculous, but dangerous in weak minds only, as all such have against them contradictory facts. This is enough on the Plan you are to pursue. I will only add, that you must take not to make them Gorgons, whom Nature designed for fools.

The next step is to acquire a System founded on general propositions. But which? It is no great matter: and though Galenism and other antient Systems would not do, yet all modern Systems will do, as being all connected with an extensive Stock of facts. I have given you such a system, of which I leave you to judge. The next step is to be acquainted with the Writers of the present age. There are three chief Systems of Physic; that of Boerhaave, that of

of H
 you
 He in
 -itis,
 tied,
 the
 -hear
 judo
 gene
 mor
 and
 abto
 Thro
 and
 Bur
 He g
 flun
 -ny
 -pro
 turn
 -lic
 -vic
 -tr
 and
 his
 Bo
 -de
 -re

of Hoffman, and that of Stahl; besides Sydenham, whom you must all study with attention, as he needs much interpretation. He is by no means an Empiric, but his Theory rests on general-
 ities, and is introduced only by way of Illustration. His practice, which is now the prevailing one, has much influenced the three Systems - Of these you must begin with Boerhaave, who had the most general Education, and the most judicious systematic head - Besides, his system is now the general Language of Europe - That of Stahl is every day more and more relinquished - Hoffman has few followers, and all have intermixed Boerhaave with him - It is therefore absolutely necessary to study Boerhaave; and you must do it through Van Swieten - There only you find this system full, and illustrated with facts, and the addition of new practices. But first be aware of the *Pathologia Humorum* of Boerhaave. He explains most circumstances of diseases by the state of the fluids; which is a frail foundation - His Theory of Criminy is imperfect and obscure, but has since been much improved - In another respect his Pathology of the fluids turns on Acrimony and Lentsor, which, though generally believed, is mere Hypothetical and Erroneous - The other considerable part of his system is the Doctrine of Effluvia-tion, more full than in Baglivi; but since much improved, and even by Boerhaave himself - Savanhus has destroyed his doctrine of Inflammation, - hence that of the evolution - Boerhaave has entirely removed from Physics the consideration of the Nervous System - Van Swieten has corrected this, by shewing that the *Impetum faciens* had more share

Obs.
-self
of the
the
must
-perry
Azate.
Hopp
-rar
In b
-ing
of it
hepp
-heac
value
losin
Coo
-lis
-ral
hein
-ten
the
With
Cass
Two

share in disease than the Viscosity of the arterial fluids.

Obs. 2. That Van Swieten is extremely fond of explaining himself by the Opinion of the Antients - But the imperfections of their writings make these Illustrations superfluous, and for the most part strained and ridiculous - With thin Cautions you must read Van Swieten - Many tedious pages will be well compensated by the great number of facts you'll acquire in him, together with the knowledge of the now general Physics of Europe. Hoffman is still more loose, diffuse, and tedious, and less arranged than Van Swieten, but has still more facts than him. In reading Van Swieten, I would advise you to begin by reading the whole text on one subject, and after you have judged of it, to see how far the Commentator is right - It would be happy if we could read Hoffman in the same manner as Boerhaave - His general View of the nervous Pathology is the valuable part of his system; but when he proceeds farther, he loses sight of his system, and is much puzzled, being but a coarse Mechanic or Chemist. Whenever he reasons of Hydraulics he is everywhere mistaken and weak; and except the general plan of his system, his reasonings are very trifling. But he is every where fuller than Boerhaave, who was not an extensive practitioner.

I have entered on the prosecution of the study of the practice of Physic, giving you the best advice I am able. With regard to the plan I offer you, observe that it is the most comprehensive and extensive, and I know no better, otherwise I would point it out to you - To show you how the knowledge
of

[Faint, illegible handwriting, likely bleed-through from the reverse side of the page.]

of the
mup
the
1. D
of a
he
2. A
ne
the
dis
lye
Lok
3. 5
-o-
-te
with
Men
have
C
-the
thu
the
Me
me
in
be

of the practice may be rendered complete, I say that you must begin by acquiring a system, and study that which is delivered to you by comparing it with others, chiefly those of the present age.

1. Dr Boerhaave, as he will explain the present Language of all Europe in Physic - I have told you with what caution he is to be used.

2. Hoffman. I have pointed out his faults - He is weak in particular Reasonings, though his general Views are good. He is more complete than Boerhaave in his histories of diseases, and has comprehended the whole of the Stahlian system, on a more extensive plan - But deals much in inarted Memorials, and his practice is too feeble.

3. The only system that remains which deserves your attention - on, is that of Stahl - But it is difficult to read his system - I would advise you to make yourselves acquainted with it rather in the Works of his Disciples, Junker, Mentos, Alberti - It is indifferent which of the three, as they have copied each other - Carle, the favourite Disciple of Stahl; (vid. Specimen Historiæ Medicinæ) is a most excellent author, and, as far as he goes, much the best - after you have thus attained a tolerable Idea of his system, you may read the whole works Stahl himself, at least his *Historia Medicinæ vera*, which comprehends much Metaphysics and subtle and difficult divisions; but he is very general in his View - His facts are such that they are not to be found any where else - So give an Example of this, you



[Faint, illegible handwriting covering the majority of the page. The text appears to be a continuous paragraph or a series of lines, but the characters are too light to transcribe accurately.]

[Faint, illegible handwriting visible along the right edge of the page, likely from the reverse side or an adjacent page.]

you may read Carles's Titles of his Specimen, chiefly
 of those Morbi generales, where the Stahlians have been
 more useful than any other Systematic - you'll see by their
 Titles that they are mostly curious subjects, not noticed in
 other Systems - Till you have considered all these generalities
 you have made no tolerable progress in Physic, and are not
 in a condition to attempt any particular Case - But in
 the whole of the Stahlian works you must be on your
 guard against particular Theories - The avocations they have
 extended too far in a general view - But particularly on Ple-
 -thora their Theory is on a very narrow bottom, yet the
 symptoms and Causes of Plethora have been better point
 ed out by the Stahlians than by any other - all the ad-
 vantages of this System are for their Pathology; for their
 Practice is very bad - They avoid all powerful Remedies,
 as the Bark, Opium, &c; and are very sparing of general
 Remedies, such as Venæsection, Blesters, &c - And indeed if
 we could be persuaded that diseases were under the direc-
 tion of a powerful Being, we should be afraid of all
 powerful Remedies - Hence the Doctrine of Stahl is
 timid, cautious, and, according, safe in practice - Look
 at their Remedies - Absorbent Earths, and Diaphoretics,
 but Antimonials with Caution and reserve, and even the
 Essential Eleisipharmaca and Tinctura Tonica - Scrivina
 Stahliani, in despite of their pompous Titles, are but
 very trifling Remedies - Besides there are some very in-
 -per

[Faint, illegible handwriting, likely bleed-through from the reverse side of the page.]

[Faint handwriting visible on the right edge of the page, possibly from the adjacent page.]

superstitious Opinions. He believes in Philoxors, Amulets, &c., and accordingly has pretended to find many specifics - so much on these three systems. There are no other that have any general character, or deserve our attention. This remark extends to all systems received at present.

Dr Ludwig of Leipzig has attempted to give a specimen of a better Practice, in his *Methodica Clinica*. From many marks of knowledge he has before given, I expected much from his book; but I have been disappointed, and have met with no improvement in it. The anxious study of system is therefore confined to these three; but you cannot avoid studying a little the Galenic system, which for 1400 years has prevailed in Europe; but it is to be studied shortly, and in his commentators, the best of which is Riverius, who is properly a Galenist, only with some chemical additions. He is short, but not original, but mostly copied from Sennertus, the most useful of the Galenic systematists, and at the same time the most judicious and learned; and in his book you will find a summary of the whole learning previous to his time.

The Chemists succeeded the Galenists; but nothing from them deserves your notice, as they had but little judgement or knowledge.

The Cartesianists followed. They had more learning and a more general knowledge, but they hardly made any improvement to the chemical system. Blacart is the most full of them, but he was a braggart not to be trusted to. Walschmidt is the best, as treating Physic from particular cases.

our
ab/p
pack
all
the
of 4
time
and
term
Emp
Stom
com
Lyc
and
are
emp
-dep
Me
in
-ric
that
may

Two Systematis of the last Age deserve deserve our notice Sylvius de la Boe, and Dr Willis the most absurd and trifling Theorist, but he has many Curious facts, particularly relating to this Country - With regard to all these Systems, I would advise you to read them shortly in the Encyclopedia Medica of Doleur - He gives you the Doctrine of the Galenists, Chemists, Van Helmont, Paracelsus, Cartesianians, Sylvius, Willis, and then one of his own, curious and compounded of the others - often at the head of his Chapters he gives you, abstracted from the System, what the Empirics have offered on the Subject -

Besides then, the last age produced only one, Stmuller, a man of extensive knowledge, great Judgement, comprehensive Views, but a Cartesian -

The next step, after being acquainted with the Systems, is to acquire the particular facts here and there, and to enlarge the Systematis on that point - Collectors are chiefly to be consulted for this - But before, you should employ some index - Two attempts towards a medical Index have been made, one by Moronius in his Directorium Medicis practicum - all the diseases are arranged there in alphabetical order; and there are references to the authorities for particular Cases - But he goes no farther than the middle of last Century - To complete him, you may read Mich. Alberti Tantomen Lexici medici realis

[Faint, illegible handwriting in a cursive script, likely a historical document or letter.]

2 Vol
com
Pier
But
Jelo
men
will
only
thrio
but
unfu
Pier
Judg
the
med
petu
tran
des
le.
and
the
gen
you
equa
of
Rep
Colle

2. Vol. Quarto. It is useful, but incomplete, as he did not consult a quarter of the Authors which Moronius did. Besides he was a Bigot, confined to a particular System. But the Best way certainly is to form such an Index your-
 selves, with references to the Authors. And as to the Arrange-
 ment, it is arbitrary. With very little pain a young man
 will find this of prodigious advantage. In the meantime you
 may consult particular Collections. Marcell's Donati's His-
 toria Medica mirabilis is a collection of curious Cases;
 but he prefers the most singular to the more common and
 useful. Joh. Scheuch. de Grafenberg has added some in his
 Observationes Medicae, which are very full, and made with
 Judgement. Another Author to be consulted, who lived towards
 the middle of the last century, is Bonetus, his Historia
 medica septentrionalis, of which his other works are only re-
 petitions - as for the rest, you have the Philosophical
 Transactions, the French Memoirs, the German Ephemer-
 ides, the Acta Botonensis Berolinensis, Petropolitana,
 &c. Besides which you should consult Platner, Riverius,
 and an hundred more Observers, whom you'll meet within
 the Catalogue by Haller in his Methodus Studii Medici,
 gemer's Bibliotheca universalis, &c. These are the sources of
 your facts. Every thing is not equally true, or collected with
 equal Judgement. Many of them proceed on the love
 of the Marvellous, attachment to particular Theories,
 &c. But take them as they are, and make a choice after
 collecting as many facts as you can. You must observe,

I have been thinking of you very much lately
and wondering how you are getting on.
I hope you are well and happy.
I have been very busy lately
but I have managed to find some time
to write you a few lines.
I have been thinking of you very much lately
and wondering how you are getting on.
I hope you are well and happy.
I have been very busy lately
but I have managed to find some time
to write you a few lines.
I have been thinking of you very much lately
and wondering how you are getting on.
I hope you are well and happy.
I have been very busy lately
but I have managed to find some time
to write you a few lines.

you
me
yete
only
Gra
/as
A
tip
ab
2.
mo
ti
is
di
dir
to
and
ed
y
do
in
tol
/y
con
an
any

1. To Constant Study of Nosology. We have gone no length, till we have distinguished ^{the} ~~partially~~ and methodically every disease from others. Without Method and system you travel in a Labyrinth without a guide; and it is only in proportion as we correct our Nosology, that we may draw Consequences from Facts. you have nothing but savages for the Species; but in him you'll find references to much Erudition, which it will be useful to you to rectify. Till you are good Critics in Nosology, you have not made much progress.

2. To Dissections of Morbid Bodies, from which the most certain knowledge in Pathology is to be drawn. Bone ti Sepulchretum Anatomicum, enlarged by Mangetus, is a great fund, but too old. For the rest you have Morgagni, who is full of Medical Erudition, and will very usefully direct you; yet he is incomplete. Lieutaud, in his *Methodus Anatomica Medica*, has attempted to complete it, and may be useful; but he is ill-digested, inaccurately printed, and full of false references, to which, for the most part, you cannot trust, and are obliged to consult the original Authors.

Now by the Study marked out, your knowledge in Physics will be tolerable complete, and what is more, tolerably digested. But something more is necessary. Besides a system and a Collection of facts, particular Diseases are to be considered. And here is first the place for the Study of the Antients. Many will wonder that I did not introduce them before. Any one who can parade his Erudition, will constantly recommend them.

them, and the rest must admire at a distance, and follow the great-
 -est number; though little is to be learned from them - They have
 many curious particulars, but such as could never have been found
 out, if not previously known from another source - Yet as no accom-
 -ed Physician be without the knowledge of the Antients, they are
 necessary on that account, chiefly, Celsus, Aretaeus Cap-
 -naden, Galienus Aurelianus, Hippocrates and Galenus -
 With regard to the followers of Galen, Aetius, Aegineta, &c. are
 to be taken only at Leisure - The same may be said of the
 Arabians, and of all the Galenists till the 16.th Century -
 something is to be gleaned from them, and it is to be wished
 that some body would consecrate his time to make a Col-
 -lection of whatever is useful in them - But is the work of
 a studious Curiosity only - I come now more properly to
 treat of the study of particular diseases - But, &c.

Lecture 151. 23.^d May 1770.

The heavy task I have given you is suited to the
 Philosopher and Physician, who regards the Utility of his
 Profession - What remains will be more readily undertaken.
 I have every where in my Course already pointed it out, and
 therefore I must be allowed to be short here, to proceed
 in the Order of our Synopsis - We begin by

Pyrexia - and first with Intermittents - Possibly the
 Antients understood this subject, but Ludovicus Marcellus
 was the first who pointed it out; but this was of little
 effect till Morton, who best treated of the nature and cure
 of Intermittents. Franc. Forti, Cleggorn and Wherchof are
sim

unp
 conf
 Co
 how
 take
 con
 De
 the
 and
 qui
 E
 you
 mo
 a m
 ill
 of
 Lee
 and
 you
 Dr
 Dr
 in
 H
 an
 Ar
 -co
 the
 1

simple and accurate Observers - Senac is particularly to be
 consulted, for his extensive views of the Method of Cure.
 Continued Fevers - Here Sydenham is the great Leader, on
 those that are Inflammatory - For other fevers which have
 taken a form not to be well ascertained in Systems, you may
 consult Morton, Hoffman, Huxham, Pringle, Lind,
 De Haen and his Associates - You might expect much from
 the *Traite des Fievers* of M^r Luenmay, a man of genius
 and Rank; but many of his Observations and Theories are
 quite wrong - In the Study Fever necessarily enters that of
 Epidemic Diseases - The plan I have given you may direct
 your reading - Every day contracts the Subject more and
 more, and among the great variety it affords, there is
 a surprising uniformity - Hippocrates has certainly some
 Illustrations, - Gallopius and others, after the restoration
 of Letters, more; but none, Sydenham and Morton ex-
 cepted, are complete - In the last Century the Germans
 and Italians, have studied this part much, and no one has
 given a better ^{view} of Epidemics, depending on the Air, than
 Dr Winttingham; but he has lost sight of the Miasmata.
 Dr Huxham is hardly so complete in particulars, but
 in general is very good, as from his situation he had an
 Opportunity of seeing Contagious Epidemics - So that you
 are a join Writers of particular Climates, Fleets, and
 Armies, Sir John Pringle, Dr Donald Monro, and parti-
 cularly Dr Lind - In the Study of Epidemics there are
 three or four points to be illustrated
 1. With regard to the rise of Contagion, chiefly the North
 Effluvia

Effluvia, a subject of Enquiry in Modern times. The best Writers on this Case, are *Lancisi de Nervis Paludum*, *Pringle*, and particularly, and an Italian Writer, *Cuyata de Morbis*.

2. The Uniformity of Epidemic fevers, which are mostly Remittent, and very uniform - But this subject must be studied at large more than in *Sydenham*. As to the Cure the different Points to settle are limited and Veno-section and the use of the Bark -

Lastly we are to attend to human Effluvia in Prisons, Fleets, and Armies; and after we have found their nature, we shall easily find their Cure, which is sufficiently simple, probably turning entirely on the Bark - I must add the prognosis of the Patients, particularly that of *Hippocrates*, under the conduct of *Alpinus*, ^{with the as-}sistance of the Commentators, who appeared soon after the study of *Hippocrates*.

Phlegmasia. This is the part of our practice which has at all times been best established, and there is here a striking Uniformity between *Hippocrates*, *Sydenham* and *Boerhaave* - *Boerhaave* is very correct in his method of Cure, if you add Blesters - With regard to particular Phlegmasia, the Arthritis is the only one that deserves particular notice - For the History of *Sydenham* is the only Writer, perhaps with the addition of *Musgrave*, but with Caution - With regard to the great number of Writers on the Theory and method of Cure,

not

not one deserves our attention, all having lost sight entirely of the general habit, which, independant of Acrimony, constitutes the disease.

As for the Eryanthemata, the Plague, as connected with Epidemics, is particularly to be studied, in Dierbroeck, Riverius, Hodges, Sydenham, Senae, and Ches-nau. Senae's *Traite de la Peste* is entirely by him. On the Small Pox I have few Written Observations. Nothing deserves our attention before Sydenham, and little since. It is true some corrections have been proposed to his Practice, but generally from not having understood him. As for particular Additions, you may see Dr. Monro senior in the Medical Essays, for the Use of the Bark. The use of Antimony, as a Prophylactic, is to be seen in the Inoculators; as also frequent purging during the disease, which is a real improvement. But the best improvement made on this subject is beyond question Inoculation. Its propriety at least in this part of the world, is well established; and no author against it has understood its proper foundation. As for the management of it, Dr. Dimisdale is sufficient, and the most Excellent.

On the Miliaria there are many German Writers, but you may read Dr. Hoffman in *Star Omnium*. Sir David Hamilton and Dr. Fordyce have ascertained some points in Practice, but have made no Improvement. Allioni has given a view of the disease, as Epidemic, but extended

110

of the general habit, which, in consequence of the
frequent use of the same, is rendered more
difficult to be changed. The first of these is
the habit of drinking, which is a habit of the
most pernicious nature, and which is the
cause of many of the diseases of the human
body. The second is the habit of smoking,
which is a habit of the most pernicious
nature, and which is the cause of many of
the diseases of the human body. The third
is the habit of drinking, which is a habit
of the most pernicious nature, and which
is the cause of many of the diseases of the
human body. The fourth is the habit of
smoking, which is a habit of the most
pernicious nature, and which is the cause
of many of the diseases of the human
body. The fifth is the habit of drinking,
which is a habit of the most pernicious
nature, and which is the cause of many
of the diseases of the human body. The
sixth is the habit of smoking, which is a
habit of the most pernicious nature, and
which is the cause of many of the
diseases of the human body. The seventh
is the habit of drinking, which is a habit
of the most pernicious nature, and which
is the cause of many of the diseases of the
human body. The eighth is the habit of
smoking, which is a habit of the most
pernicious nature, and which is the cause
of many of the diseases of the human
body. The ninth is the habit of drinking,
which is a habit of the most pernicious
nature, and which is the cause of many
of the diseases of the human body. The
tenth is the habit of smoking, which is a
habit of the most pernicious nature, and
which is the cause of many of the
diseases of the human body.

too far.

Hæmorrhagis. For the Doctrine of this, consult Hoff-
man; for the History, the Stahliani. On Hæmoptoe you
have Morton, on the Hæmorrhoids the Stahliani, chiefly
Alberti: But for a Counterpoison, read Hoffman and
De Haems Thesis. Menorrhagia and Amenorrhagia are
imperfectly treated in our Books. Dr Friend, with regard to
the last has given us no light. With regard to Menorrhagia,
And. Pasta has a useful collection, but no Improvement.
For Sporadic and Inflammatory Catarrh, but more particu-
larly as Epidemic, you have Dr Bakers account of the Ca-
tarrh of 1762. - On Dysenteria you have much in all late
histories of Epidemics. Dr Zimmerman has now brought the
Practice on a steady footing; but till the Translation of it
(by Dr Hopson), which is soon to be Published, you have Sir John
Pringle, *Recherches de morbo mucoso* is very useful.

On the Neuroses and Comata there are few
Writers. You may read Weppers learned and industrious His-
toria Apoplexica: but this been more illustrated since, by late
Disquisitions, which are the only means of learning facts here.
As for the history, you have Hoffman and the aphorisms
of Boerhaave. On Syncope there are few Writers; but Boerhaave's
traite de Cœur is full, complete, and sufficient. On Dyspnea
there are properly no Writers, because all have confound-
ed it with Hypochondriaci and Hysteria. - as for the
Facts,

fact, with this caution, you ^{may read} Dr Chyne, and Dr Whytt, who is still better. But you must yourselves arrange this subject.

On *PLASMI* much is to be read. On Tetanus you have something in the London Medical Essays, and in Hilary; But Singer has given us no improvement. As for *fact* to you have, on Epilepsy, Van Helmont and Dr Willis. As to the Doctrine, much is to be found in Hoffman, Boerhaave, and Van Swieten; but it is still incomplete. On the Palpitation you have Senae. De Lule has wrote a Book *De palpitacione Cordis*; but gives no new Light. On the Asthma, Sir John Floyer, if you can arrange his facts, has well copied Nature. He will often refer you to Van Helmont. No man has been more despised than Van Helmont, and truly nothing is more ridiculous than some parts of his Doctrine; but Van Swieten has quoted him oftener than any other modern Writer. On Pertussis you have something in Willis and Hoffman. Dr Haller has published some dissertations of Dr Forst on that Subject. Dr Barton, by introducing the use of the Bark has given us a useful improvement. On Pyrosis there are no Authors but Limous and Sauvages. For the Colica Pictorum you have Huxham, Franchin, De Haen, and Partsch. On the Ileus, Sir John Pringle. On the Colica and Diarrhoea there is no valuable author. Diarrhoea, under the name of Flux, has been confounded with every

every disease in which there is some alvine Stagnation - Pet. Longman has given us a Book De Morbis Ventris; it contains no new Facts, and but an indifferent Theory. On Diabetes there is no Writer; ~~but~~ Haller has a Dissertation on it, and there is one of Mett, which chiefly deserves your attention. On Hysteria you must be aware that all authors, Hoffman excepted, have confounded it with Hypochondriasis and Dyspepsia. With this Caution you may consult Sydenham; Willis and Van Helmont for their facts. On the Hydrophobia, you must read Boerhaave and Van Swieten; and for additions in the method of Cure, Mead, Desault and Sauvages for the use of Mercury; Hugen and some common Pamphlets for that of Opium and Musk.

On Verana there is no considerable Author. Dr Batie has taught us nothing; and indeed the Author of the Practical aphorisms is so deficient and Incomplete in his Theory, that we were not to expect he could teach us any thing, notwithstanding his extensive Experience. Boerhaave and his Commentators, though they proceeded on a bad plan, have collected the whole.

Cachexia. For the Marcoris, Dr Morton. On Polysarcia and Emphysema little is to be found in Authors. On the last you have Combalunier's Pneumatology.

Pneumatology - On Tympanitis you have little or nothing. On Dropsy Sydenham, whom Boerhaave has copied, for the Practise; and as an addition Dr D. Morro is very useful - On the Phlegmonia you have Sauvages Nosology, and Cusson, whom he much recommends; Glisson, Boerhaave, and an Italian Writer for the next Genus, Rachitis - On Scrophula the French Writers teach us nothing, and our own are very little better. Syphilis - On this Astruc has collected whatever was known before his time, and little has been added since - On Scurvy Dr Lind has directed us to every thing, and is very useful. Dr Holme and Meusi de morbis Navigantium are to be added. On Elephantiasis you have Dr Panner in the London Medical Essays - On Leprosy I refer you to the Systematic. On Glanders, to the Edin. Med. Essays - On Trichoma, to the Polish Writers - On Petechia avoid Boerhaave, who has given us a System truly imaginary; but consult the Lond. Med. Essays and Dr Coe.

With regard to the Morbi Locales, they are to a trifle in the Chirurgical Writers - But begin with them in Boerhaave and Van Swieten, and for the Nosology in Sauvages. after this you may prosecute the subject at leisure.

Now, after having pointed out to you so much to be read, you must supply the defects of this account by Authors who enumerate Books of Physic, and have given an Historia Medicinæ, such as Vander Lind, Mangetus, Haller, and

and
on
general
Hunt
and
from
win
Apoc
of the
which
rem
Profe
-lew
adm
You
that
Lar
me
I was

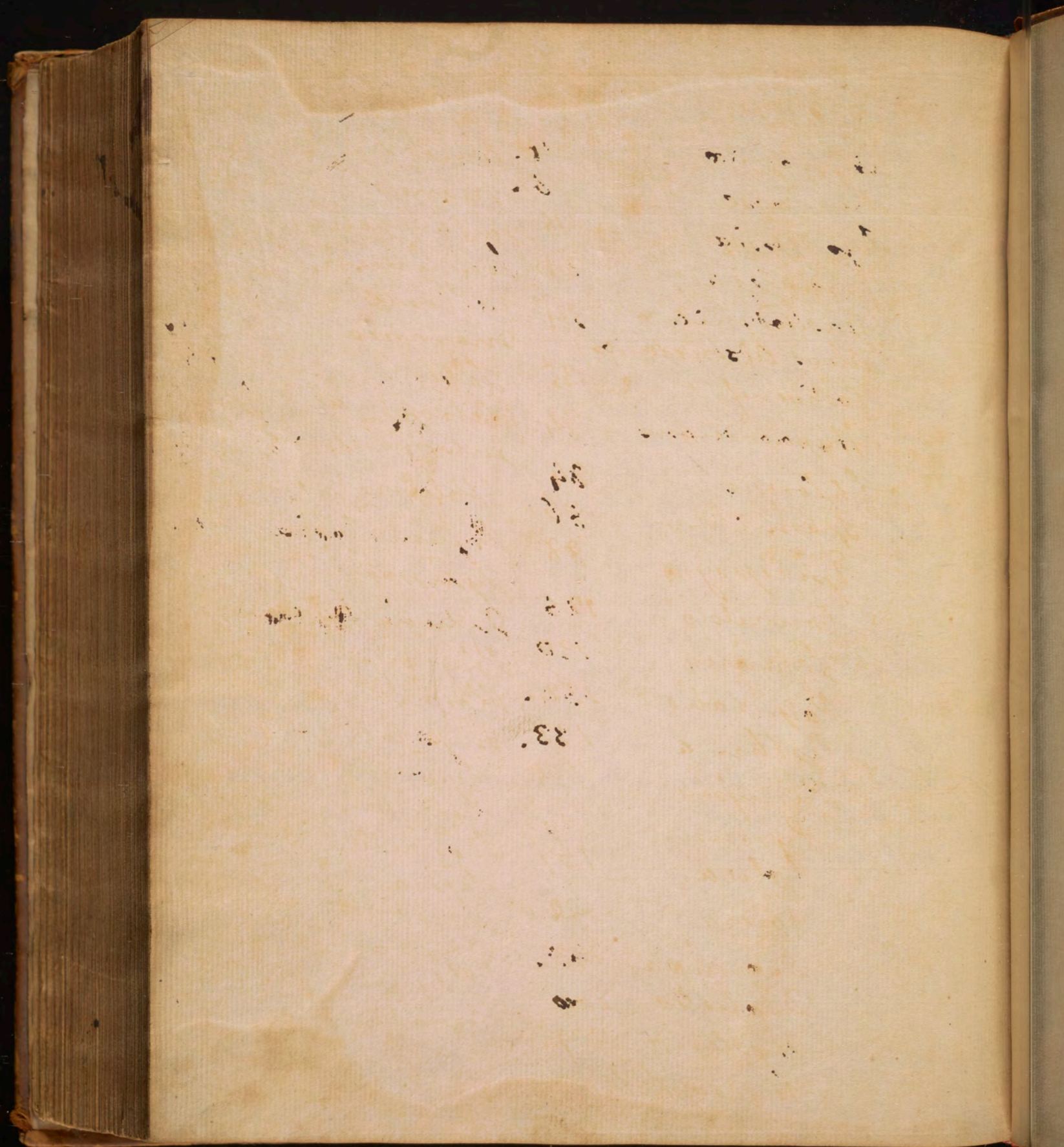
and Giver. From these you may get fuller Information on the Plan I have given you.

With regard to the Whole, you must aim at the general and Comprehensive Views suggested by Philosophy, Humanity, Probity and Liberality, as well as by your duty and glory. And here I must conclude this Course.

It has been drawn out to an unusual length, but rather from the nature of the subject than from my fault. I am convinced more time should be allowed to finish it. I shall make no apology for the Imperfections, which are many. I love the study of Physic, I love teaching, and I love the Students: Virtues which will induce you to overlook my failings. I need not to remind you of the Benevolence you owe Mankind, and which your Profession enables you to repay: The Pleasure and satisfaction of relieving the distressed, will sufficiently reward your Labours for administering it to those that can make you no other return. You, Gentlemen, are very dear to me, and it is with Reluctance that I part with you, especially when I consider that distant Lands and Wide Oceans will soon separate many of you from me. With sincere affection, recommending myself to your esteem, I wish them and all Farewell.

End of the Course.

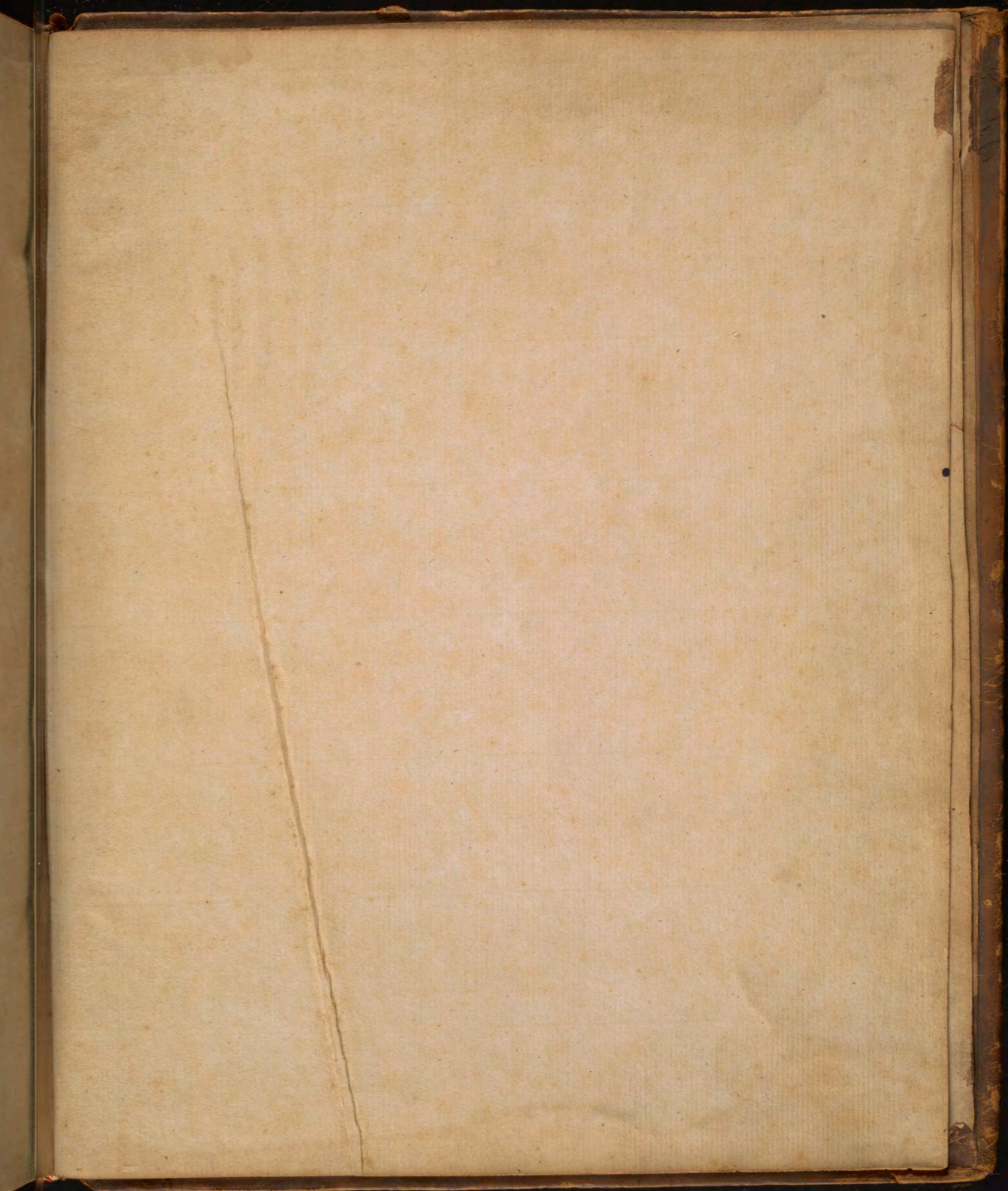
<i>Alouatta palliata</i>	1	19
<i>Alouatta palliata</i>	2	20
<i>Alouatta palliata</i>	3	21
<i>Alouatta palliata</i>	4	22
<i>Alouatta palliata</i>	5	23
<i>Alouatta palliata</i>	6	24
<i>Alouatta palliata</i>	7	25
<i>Alouatta palliata</i>	8	26
<i>Alouatta palliata</i>	9	27
<i>Alouatta palliata</i>	10	28
<i>Alouatta palliata</i>	11	29
<i>Alouatta palliata</i>	12	30
<i>Alouatta palliata</i>	13	31
<i>Alouatta palliata</i>	14	32
<i>Alouatta palliata</i>	15	33
<i>Alouatta palliata</i>	16	34
<i>Alouatta palliata</i>	17	35
<i>Alouatta palliata</i>	18	36
<i>Alouatta palliata</i>	19	37
<i>Alouatta palliata</i>	20	38
<i>Alouatta palliata</i>	21	39
<i>Alouatta palliata</i>	22	40
<i>Alouatta palliata</i>	23	41
<i>Alouatta palliata</i>	24	42
<i>Alouatta palliata</i>	25	43
<i>Alouatta palliata</i>	26	44
<i>Alouatta palliata</i>	27	45
<i>Alouatta palliata</i>	28	46
<i>Alouatta palliata</i>	29	47
<i>Alouatta palliata</i>	30	48
<i>Alouatta palliata</i>	31	49
<i>Alouatta palliata</i>	32	50
<i>Alouatta palliata</i>	33	51
<i>Alouatta palliata</i>	34	52
<i>Alouatta palliata</i>	35	53
<i>Alouatta palliata</i>	36	54
<i>Alouatta palliata</i>	37	55
<i>Alouatta palliata</i>	38	56
<i>Alouatta palliata</i>	39	57
<i>Alouatta palliata</i>	40	58
<i>Alouatta palliata</i>	41	59
<i>Alouatta palliata</i>	42	60
<i>Alouatta palliata</i>	43	61
<i>Alouatta palliata</i>	44	62
<i>Alouatta palliata</i>	45	63
<i>Alouatta palliata</i>	46	64
<i>Alouatta palliata</i>	47	65
<i>Alouatta palliata</i>	48	66
<i>Alouatta palliata</i>	49	67
<i>Alouatta palliata</i>	50	68
<i>Alouatta palliata</i>	51	69
<i>Alouatta palliata</i>	52	70
<i>Alouatta palliata</i>	53	71
<i>Alouatta palliata</i>	54	72
<i>Alouatta palliata</i>	55	73
<i>Alouatta palliata</i>	56	74
<i>Alouatta palliata</i>	57	75
<i>Alouatta palliata</i>	58	76
<i>Alouatta palliata</i>	59	77
<i>Alouatta palliata</i>	60	78
<i>Alouatta palliata</i>	61	79
<i>Alouatta palliata</i>	62	80
<i>Alouatta palliata</i>	63	81
<i>Alouatta palliata</i>	64	82
<i>Alouatta palliata</i>	65	83
<i>Alouatta palliata</i>	66	84
<i>Alouatta palliata</i>	67	85
<i>Alouatta palliata</i>	68	86
<i>Alouatta palliata</i>	69	87
<i>Alouatta palliata</i>	70	88
<i>Alouatta palliata</i>	71	89
<i>Alouatta palliata</i>	72	90
<i>Alouatta palliata</i>	73	91
<i>Alouatta palliata</i>	74	92
<i>Alouatta palliata</i>	75	93
<i>Alouatta palliata</i>	76	94
<i>Alouatta palliata</i>	77	95
<i>Alouatta palliata</i>	78	96
<i>Alouatta palliata</i>	79	97
<i>Alouatta palliata</i>	80	98
<i>Alouatta palliata</i>	81	99
<i>Alouatta palliata</i>	82	100

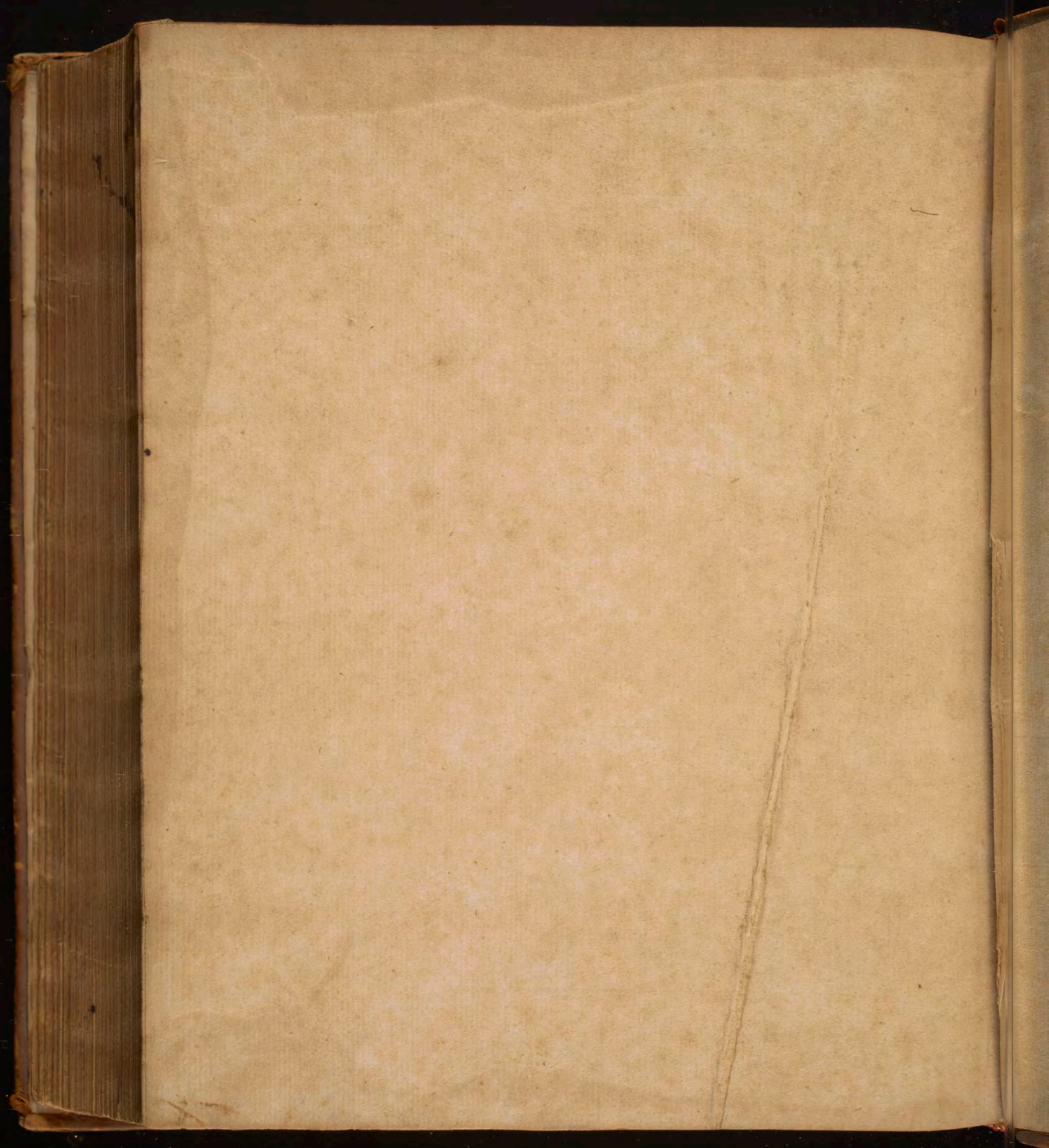


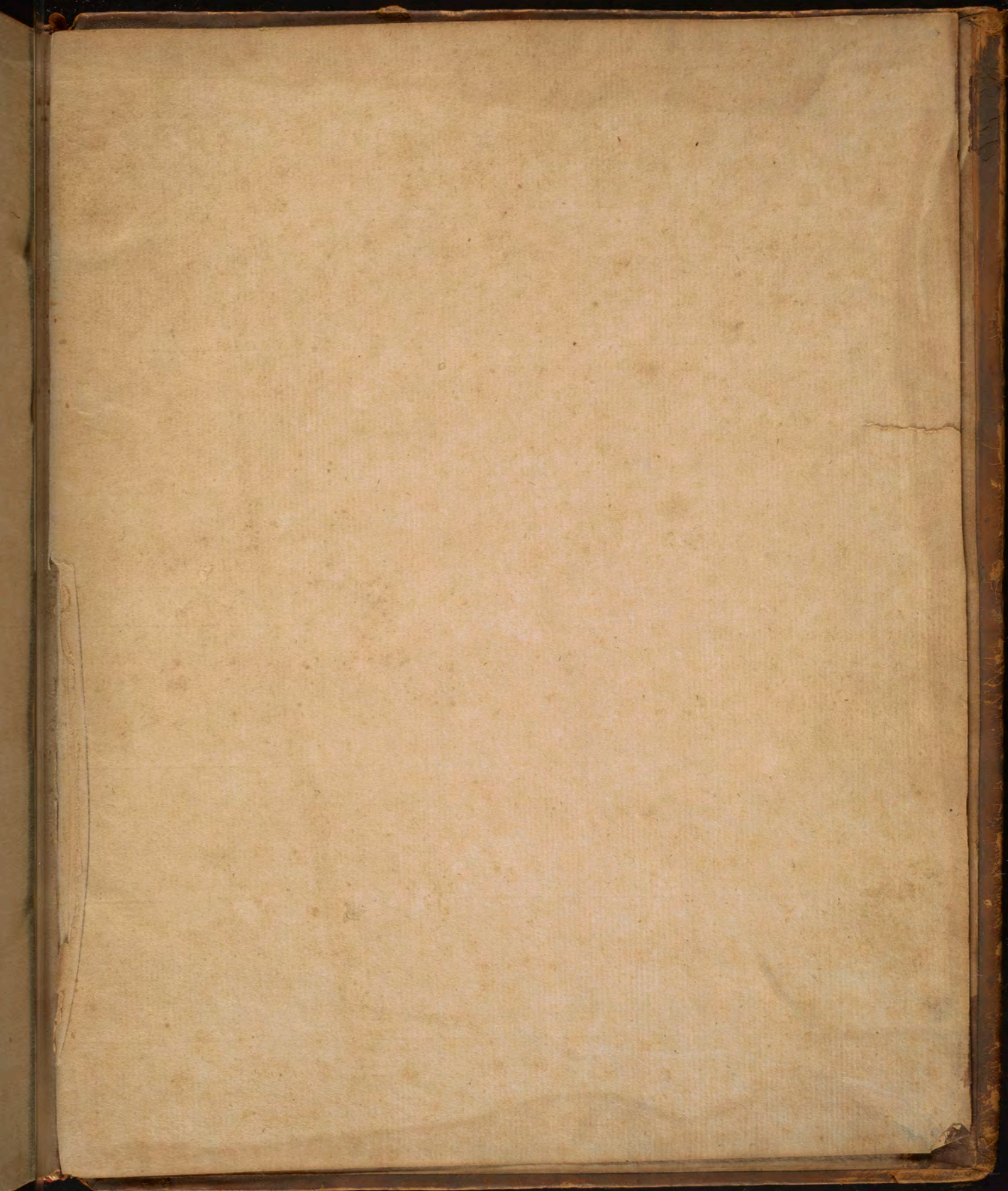
Index

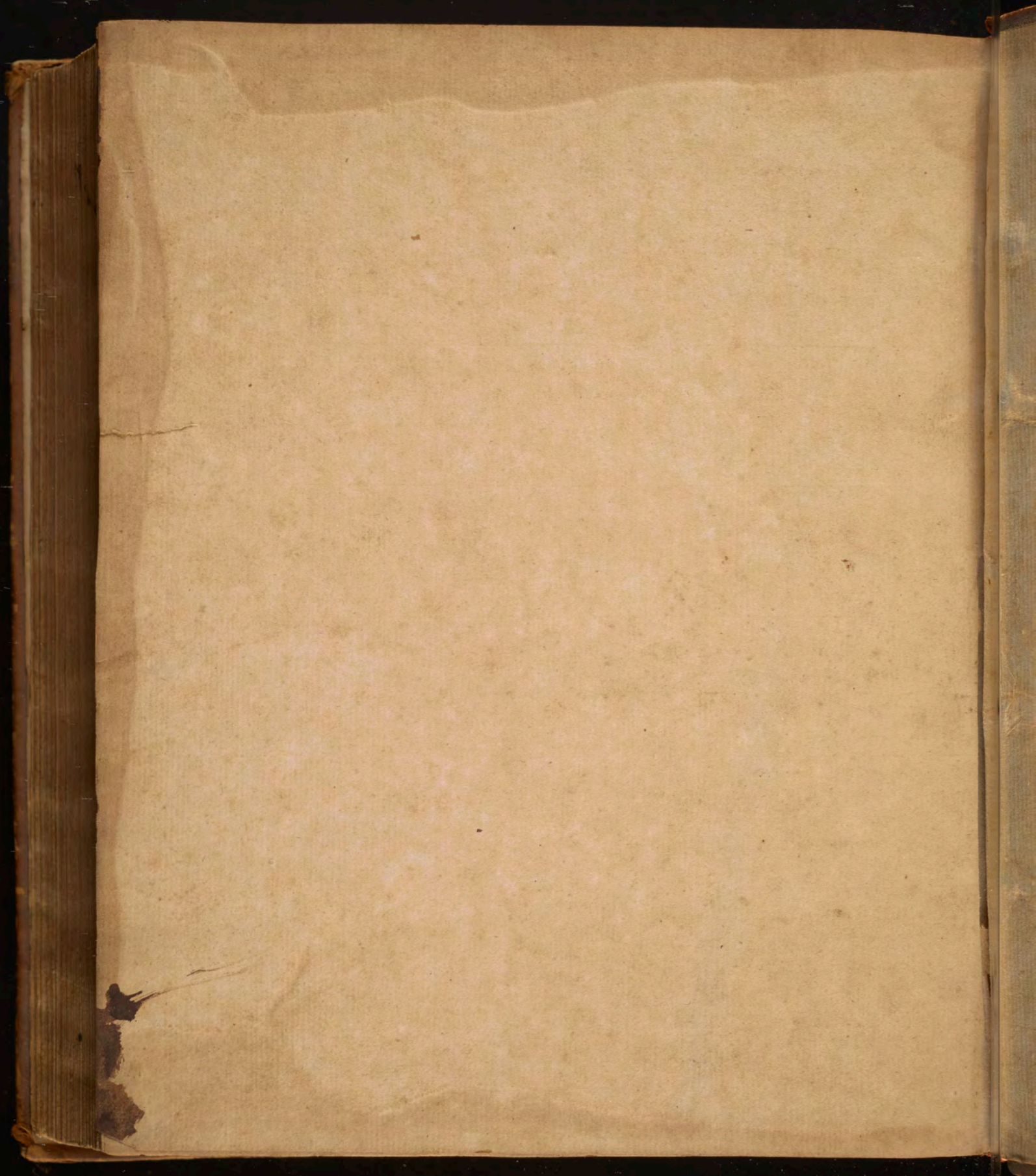
Catalepsia —	p. 3	Uesania —	219
Adynamia —	4.	Amentia —	221
Syncope —	5.	Mania —	223.
Dyspnoea	15	Melancholia	235
Cardialgia	31	Somnium	239
Gastrodynia	34	Lachrya —	240
Alvus adstricta, or		Marcos	242
Costiveness.	35	Tales —	243
Hypochondriasis —	74.	Atrophica	246.
Chlorosis —	84	Intumescentia	247
Spasmi —	86	Polysarcia —	247
Epilepsy	88	Pneumatosia	249.
Convulsio —	125	Lymphatitis	250
Tetanus —	130	Intum. ^a Agua	252
Palpitatio	132.	Physconia —	272.
Asthma	133.	Rachitis —	272.
Pertussis	155	Impetigines. ?	283
Pyrosis —	164	Srophula	
Colica	167	Syphilis —	290
Colera —	190	Scorbutus 306.	291
Diarrhoea	193.	Sypha —	291
Diabetes	200.	Linea Ven. —	301.
Hysteria	209.	Eliphantiasis	310.
Hydrophobia	218	Phlegmasia	323.
		Erythematosa	324

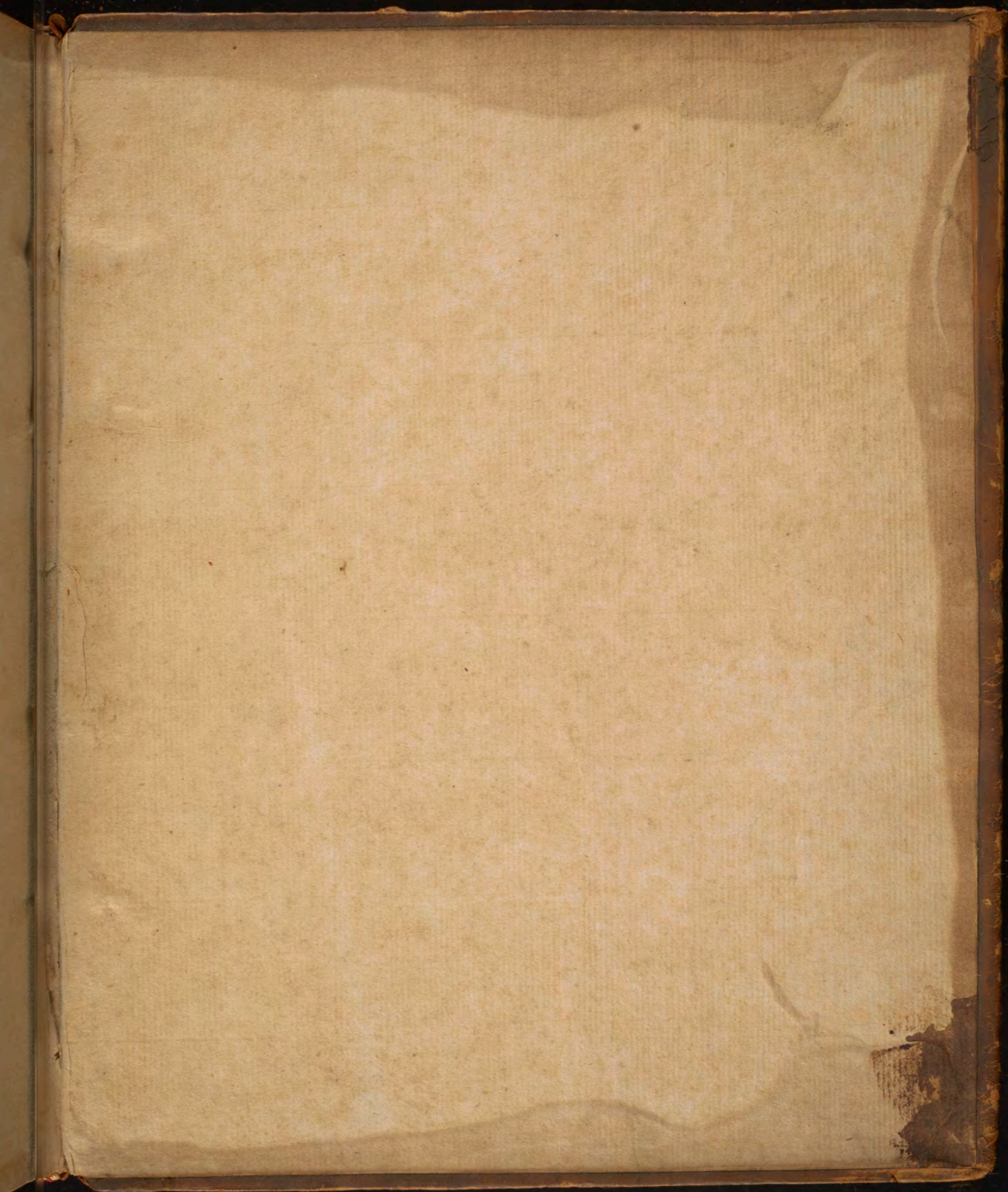
219	219	219	219
220	220	220	220
221	221	221	221
222	222	222	222
223	223	223	223
224	224	224	224
225	225	225	225
226	226	226	226
227	227	227	227
228	228	228	228
229	229	229	229
230	230	230	230
231	231	231	231
232	232	232	232
233	233	233	233
234	234	234	234
235	235	235	235
236	236	236	236
237	237	237	237
238	238	238	238
239	239	239	239
240	240	240	240
241	241	241	241
242	242	242	242
243	243	243	243
244	244	244	244
245	245	245	245
246	246	246	246
247	247	247	247
248	248	248	248
249	249	249	249
250	250	250	250
251	251	251	251
252	252	252	252
253	253	253	253
254	254	254	254
255	255	255	255
256	256	256	256
257	257	257	257
258	258	258	258
259	259	259	259
260	260	260	260
261	261	261	261
262	262	262	262
263	263	263	263
264	264	264	264
265	265	265	265
266	266	266	266
267	267	267	267
268	268	268	268
269	269	269	269
270	270	270	270
271	271	271	271
272	272	272	272
273	273	273	273
274	274	274	274
275	275	275	275
276	276	276	276
277	277	277	277
278	278	278	278
279	279	279	279
280	280	280	280
281	281	281	281
282	282	282	282
283	283	283	283
284	284	284	284
285	285	285	285
286	286	286	286
287	287	287	287
288	288	288	288
289	289	289	289
290	290	290	290
291	291	291	291
292	292	292	292
293	293	293	293
294	294	294	294
295	295	295	295
296	296	296	296
297	297	297	297
298	298	298	298
299	299	299	299
300	300	300	300

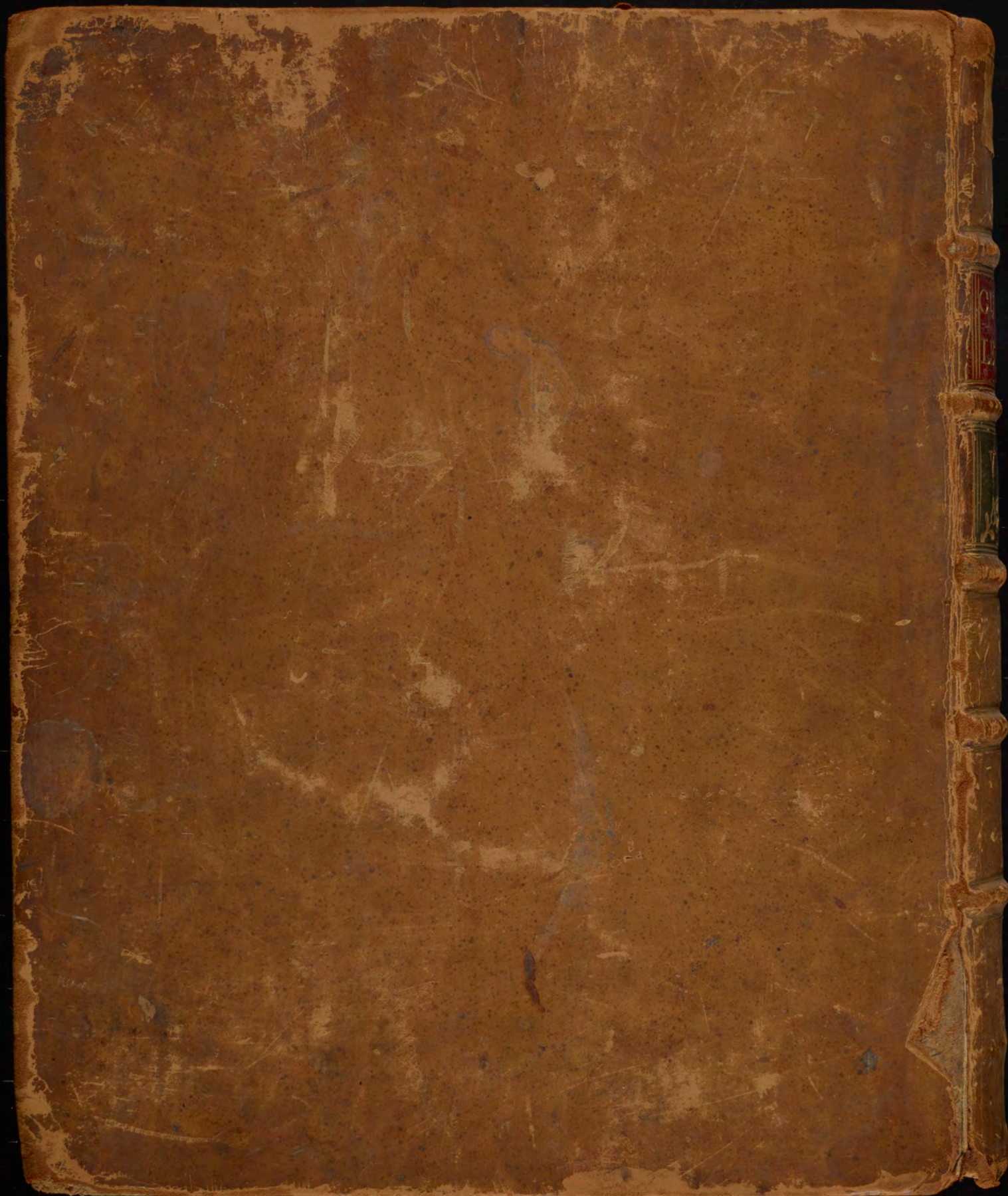












CULLEN'S
LECTURES

V O L
I V I